

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90104 014 ***158.75

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P01000050 944**
1. Entity Name
ONE MEDIA CORP.

DO NOT WRITE IN THIS SPACE

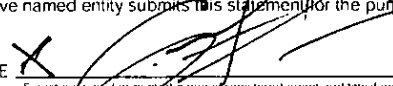
2. Principal Place of Business 15661 S.W. 104 TERR.		3. Mailing Address 15661 SW. 104 TERR.	
Suite, Apt. #, etc. 3111		Suite, Apt. #, etc. 3111	
City & State MIAMI FL.		City & State MIAMI FL.	
Zip 33196	Country USA	Zip 33196	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1106472		Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name OSCAR A. CASTRO	
	Street Address (P.O. Box Number is Not Acceptable) 15661 S.W. 104 TERR. # 3111	
	City MIAMI	Zip 33196

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

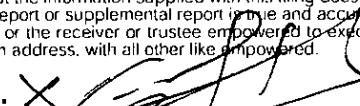
SIGNATURE  DATE **04/29/02**

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when certifying)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	OSCAR A. CASTRO 15661 S.W. 104 TERR #3111 MIAMI, FL. 33196	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: **04/29/02** (305) 599-2279

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)