FILED
May 19, 2003 8:00 am
Secretary of State
05-19-2003 90212 025 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000002682

90136625

1. Entity Name
CONQUEST EMEDIA.COM, INC.

Principal Place of Business	Mailing Address
~~4901 N FED HWY #440~~ FORT LAUDERDALE, FL 33308	4901 N FED HWY #440 FORT LAUDERDALE, FL 33308

2. Principal Place of Business	3. Mailing Address
222 US Hwy One	PO Box 32667
Suite, Apt. #, etc. 208	Suite, Apt. #, etc. N/A
City & State Tequesta FL	City & State Palm Beach Gnds FL
Zip 33469 Country US	Zip 33420 Country US

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1028944 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BUROFSKY, HOMER
4901 N FED HWY #440
FORT LAUDERDALE, FL 33308

7. Name and Address of New Registered Agent
Name: HOMER BUROFSKY
Street Address (P.O. Box Number Is Not Acceptable): 222 US Hwy 1 Suite 208
City: Tequesta FL Zip Code 33469

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 5-14-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BUROFSKY, HOMER		NAME		
STREET ADDRESS	4901 N FED HWY #440		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 5-14-03 [redacted]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

561-747-1600