


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000017791  
 1. Entity Name  
 INNOVATIVE NEW MEDIA, INC.



Principal Place of Business: 4635 NW 59TH WAY, CORAL SPRINGS, FL 33067  
 Mailing Address: PO BOX 430941, MIAMI, FL 33243



**DO NOT WRITE IN THIS SPACE**

02232005 No Chg-P CR2E034 (10/03)  
 4. FEI Number: 02-0598948 Applied For / Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 TOLLEY, SHAWN  
 9200 S. DADELAND BLVD., STE. 412  
 MIAMI, FL 33156

**DO NOT WRITE IN THIS SPACE**

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when re-registering.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KATES, BARRY
STREET ADDRESS	8411 SW 57TH PATH
CITY - ST - ZIP	SOUTH MIAMI, FL 33143
TITLE	D
NAME	LEVENTHAL, DAVID
STREET ADDRESS	4635 NW 59TH WAY
CITY - ST - ZIP	CORAL SPRINGS, FL 33067
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
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CITY - ST - ZIP	
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NAME	
STREET ADDRESS	
CITY - ST - ZIP	

400000352398  
 05/03/05-80025-015 150.00  
**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Dany Kua 4.29.05 305 670-4501  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #