


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90085 034 ***150.00

DOCUMENT # **P02000081870**
1. Entity Name
Distinct Media Solutions INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3210 EMERALD POINTE DR Suite, Apt. #, etc. 309B		3. Mailing Address SAME Suite, Apt. #, etc.	
City & State HOLLYWOOD FLORIDA		City & State	
Zip 33021	Country USA	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 743055084		Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name **BRUCE RAMSAY**
Street Address (P.O. Box Number is Not Acceptable)
3210 EMERALD POINTE DRIVE
SUITE 309B
City **HOLLYWOOD** FL Zip Code **33021**

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 *Bruce Ramsay* DATE **4/29/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<p>January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO BRUCE RAMSAY 3210 EMERALD POINTE DR 309B HOLLYWOOD, FL, 33021	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Bruce Ramsay* DATE **4/29/03** DAYTIME PHONE # **954 822 8352**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)