2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90196 014 ***158.75

DOCUMENT # P02000090790

1. Entity Name
MEDIABUY USA, INC.

Principal Place of Business	Mailing Address
169 E. FLAGLER STREET SUITE 1431 MIAMI, FL 33131	169 E. FLAGLER STREET SUITE 1431 MIAMI, FL 33131

03102004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
169 E. FLAGLER ST		169 E. FLAGLER ST	
Suite, Apt. #, etc.: SUITE 1442		Suite, Apt. #, etc.: SUITE 1442	
City & State: MIAMI FL		City & State: MIAMI FL	
Zip: 33131	Country: USA	Zip: 33131	Country: USA

4. FEI Number: 05-0527914 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PEDONE, FRANCO M
169 E. FLAGLER STREET
SUITE 1431
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name: PEDONE, GABRIELE
Street Address (P.O. Box Number is Not Acceptable): 169 E. FLAGLER ST SUITE 1442
City: MIAMI FL Zip Code: 33131

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: Gabriele Pedone MARKETING RESEARCH ANALYST 4/26/04
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, 2004 Fee will be $550.00

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 NAME STREET ADDRESS CITY-ST-ZIP	D PEDONE, FRANCO M 169 E. FLAGLER STREET SUITE 1431 MIAMI, FL 33131	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOHN COLEMAN 169 E. FLAGLER ST STE 1442 MIAMI, FL 33131	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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] 4/26/04 (305)495-4281
FRANCO M. PEDONE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #