


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED
Mar 17, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000118297 1. Entity Name OCEANIA ADVERTISING, INC.	
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Principal Place of Business 8120 NW 53RD STREET SUITE 100 MIAMI, FL 33161	Mailing Address 8120 NW 53RD STREET SUITE 100 MIAMI, FL 33161
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent COPROLITE CORPORATION ONE SE 3RD AVE., SUITE 2130 MIAMI, FL 33131
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03092004	No Chg-P CR2E034 (10/03)
4. FEI Number 47-0903930	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000090983 03/17/04-80041-001 300.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEL RIO, FRANK 8120 NW 53RD STREET MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BLASS, STEPHEN A 8120 NW 53RD STREET MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VAZQUEZ, JOSE 8120 NW 53RD STREET MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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)(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: 	3-15-04 (305) 514-2300
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>