2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000002402

Entity Name: PROMEDIA PRODUCTION GROUP, INC.

7506 SUNTREE CIRCLE, UNIT 295

ORLANDO, FL 32807 US

Address: City-St-Zip: FILED Apr 14, 2004 Secretary of State

	iidi TROMED	, rinebooner encor,	1110.					
Current Principal Place of Business:				New Principal Place of Business:				
7006 STAF UNIT I	POINT COURT			6937 STAF SUITE A	OINT COL	JRT		
	PARK, FL 3279	2 US		WINTER P	ARK, FL 3	32792	US	
Current Mailing Address:				New Mailing Address:				
	POINT COURT		6937 STAPOINT COURT					
UNIT I WINTER F	PARK, FL 3279	2 US		SUITE A WINTER P	ARK, FL (32792	US	
FEI Number:	71-0924688	FEI Number Applied For ()	FEI Nur	nber Not Appl	icable ()	Се	rtificate of Status D	esired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:				
104 RIVER ORLANDO The above	,	E US ubmits this statement for the	e purpose o	f changing i	ts registere	ed office	e or registered ag	ent, or both,
SIGNATUR								
0.0.0.		ic Signature of Registered A	gent				Date	
Election Can	npaign Financing	Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	P () REALE, MAURIO 104 RIVER CHA ORLANDO, FL	SE DRIVE		Title: Name: Address: City-St-Zip:		() Cha	inge () Addition	
Title:	` '	Delete		Title:	VP	. ,	ange () Addition	
Name: Address: City-St-Zip:	SALANO, GENE 5265 SOUTH JU JACKSONVILLE	LINGTON FORREST DRIVE		Name: Address: City-St-Zip:	MACALUSO, MIKE 7506 SUNTREE CIRCLE, UNIT 295 ORLANDO, FL 32807 US			
Title: Name:	SEC (X) MIKE, MACALUS	Delete SO		Title: Name:		() Cha	inge () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: MAURICIO REALE P 04/14/2004