
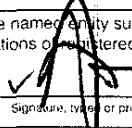
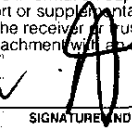


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2004 8:00 am
Secretary of State

09-08-2004 90121 043 ***150.00

DOCUMENT # P03000004714 1. Entity Name PINPOINT INTERACTIVE MEDIA, INC.					
Principal Place of Business 2855 N UNIVERSITY DRIVE CORAL SPRINGS, FL 33065				Mailing Address 2855 N UNIVERSITY DRIVE CORAL SPRINGS, FL 33065	
2. Principal Place of Business 2855 N. University Dr.		3. Mailing Address 2855 N. University Dr.		07232004 Chg-P CR2E034 (10/03)	
Suite, Apt. #, etc. Suite # 220		Suite, Apt. #, etc. Suite # 220		4. FEI Number 20-0186116	
City & State Coral Springs		City & State Coral Springs, FL 33065		Applied For <input type="checkbox"/> Not Applicable	
Zip FL 33065		Zip 33065		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KAUFMAN, ADAM 2855 N UNIVERSITY DRIVE, Suite # 220 CORAL SPRINGS, FL 33065				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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, the registered agent. SIGNATURE  Adam Kaufman 8-25-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	President Adam Kaufman 2855 N. University Dr. Suite # 220 Coral Springs, FL 33065 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 address, with all other like empowered.					
SIGNATURE:  Adam Kaufman 8-25-04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

Attachment
24083558



PinPoint Interactive Media
Providers of Custom eMedia Solutions

August 31, 2004

Division of Corporations
Annual Report/Uniform Business Report Section
Florida Department of State
P.O. Box 6327
Tallahassee, FL 32314

Re: PinPoint Interactive Media, Inc.
Document Number #P03000004714

Dear Division of Corporations,

Enclosed please find our completed 2004 Annual Report with the applicable filing fee.
Please correct your records to deliver all correspondence to:

PinPoint Interactive Media, Inc.
Suite #220
2855 University Drive
Coral Springs, FL 33065

At this time we respectfully request to waive any late fee since we never received the first notice of the annual report filing from your Department at our corporate address.

Sincerely,

Adam Kaufman
President