

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 17, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # P03000005890**

1. Entity Name  
WOW MEDIA, INC.



Principal Place of Business  
3725 SHERIDAN AVENUE  
MIAMI BEACH, FL 33140

Mailing Address  
7098 BONITA DRIVE  
MIAMI BEACH, FL 33141



01262005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 58-2668304	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

KINKEAD, MARTIN  
3739 SHERIDAN AVENUE  
MIAMI BEACH, FL 33140

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS BLOOM, CORINNE 3725 SHERIDAN AVENUE MIAMI BEACH, FL 33140
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVT ENKIN, DARREN 3725 SHERIDAN AVENUE MIAMI BEACH, FL 33140
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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02/17/05-80047-014 158.75

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Darren Enkin* Vice President Feb 15, 05 (702) 868-5365