2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 02, 2005 8:00 am **Secretary of State DOCUMENT # P03000019371** 1. Entity Name 02-02-2005 90040 041 ***150.00 SIMPLY GLOBAL MEDIA, CORP. Principal Place of Business Mailing Address 10090 SW 2ND STREET MIAMI FL 33174 ZOUTOLOU 10090 SW 2ND STREET MIAMI FL 33174 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 06-1678897 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GARCIA, JOSE A Street Address (P.O. Box Number is Not Acceptable) 10090 SW 2ND STREET MIAMI FL 33174 City 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 registered agent. SIGNATURE Signature, typed or printed name of registered agont and title if applicable. (NOTE: Registered Agent signature regured when roinstating) DATE *** FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition GARCIA, JOSE A NAME NAME STREET ADDRESS 10090 SW 2ND STREET STREET ADDRESS CITY-ST-ZIP MIAMI FL 33174 CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME GARCIA, ROSA R NAME STREET ADDRESS 10090 SW 2ND STREET STREET ADDRESS CITY-ST-7IP MIAMI FL 33174 CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change | ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 appliess, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CtTY-ST-ZIP

FILED