
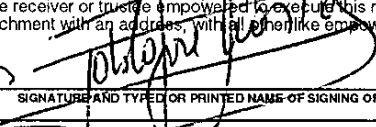


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2005 8:00 am**  
**Secretary of State**

03-07-2005 90282 034 \*\*\*150.00

<b>DOCUMENT # P03000021918</b>					
<b>1. Entity Name</b> VIAMEDIA OUT-OF-HOME COMPANY					
<b>Principal Place of Business</b> 2665 S BAYSHORE DR STE 703 MIAMI, FL 33133			<b>Mailing Address</b> 2665 S BAYSHORE DR STE 703 MIAMI, FL 33133		
<b>2. Principal Place of Business</b> 8401 N.W. 68 Street		<b>3. Mailing Address</b> 8401 N.W. 68 Street			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Miami, Fl.		<b>City &amp; State</b> Miami, fl. 331		<b>4. FEI Number</b> 16-1655015	
<b>Zip</b> 33166		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  WORLD CORPORATE SERVICES, INC. 2665 S BAYSHORE DR STE 703 MIAMI, FL 33133			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	DP MENENDEZ, MARIANO VENECIA #7 COL. JUAREZ C.P. MEXICO D.F.,	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	DV MARTOS, PABLO VENECIA #7 COL. JUAREZ C.P. MEXICO D.F.,	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	D SANCHEZ, FERNANDO VENECIA #7 COL. JUAREZ C.P. MEXICO D.F.,	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	D FLORES, LEONARDO VENECIA #7 COL. JUAREZ C.P. MEXICO D.F.,	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	DT GONZALEZ ARAGON, JORGE VENECIA #7 COL. JUAREZ C.P. MEXICO D.F.,	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	D MENENDEZ, FEDERICO VENECIA #7 COL. JUAREZ C.P. MEXICO D.F.,	<input type="checkbox"/> Delete			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>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.</b>					
<b>SIGNATURE:</b> 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 1/24/05 Daytime Phone #: 305-597-8919					