

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 26, 2008 8:00 am**  
**Secretary of State**

06-26-2008 90001 033 \*\*\*150.00

<b>DOCUMENT # P03000021918</b> 1. Entity Name <b>VIAMEDIA OUT-OF-HOME COMPANY</b>			
Principal Place of Business <b>8429 N.W. 68 STREET</b> <b>MIAMI, FL 33166</b>		Mailing Address <b>8429 N.W. 68 STREET</b> <b>MIAMI, FL 33166</b>	
2. Principal Place of Business - No P.O. Box # <b>8155 NW 68 ST</b> Suite, Apt. #, etc.		3. Mailing Address <b>8155 NW 68 ST</b> Suite, Apt. #, etc.	
City & State <b>MIAMI, FL</b>		City & State <b>MIAMI, FL</b>	
Zip <b>33166</b>	Country <b>MIAMI-DADE</b>	Zip <b>33166</b>	Country <b>MIAMI-DADE</b>
6. Name and Address of Current Registered Agent  <b>FUENTES, PEMIG J</b> <b>8429 N.W. 68 STREET</b> <b>MIAMI, FL 33166</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>8155 NW 68 ST</b> City <b>MIAMI, FL</b> Zip Code <b>33166</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.  SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MENENDEZ, MARIANO VENECIA #7 COL. JUAREZ C.P. MEXICO D.F., <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	DV MARTOS, PABLO VENECIA #7 COL. JUAREZ C.P. MEXICO D.F., <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	D SANCHEZ, FERNANDO VENECIA #7 COL. JUAREZ C.P. MEXICO D.F., <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	D FLORES, LEONARDO VENECIA #7 COL. JUAREZ C.P. MEXICO D.F., <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	D GONZALEZ ARAGON, JORGE VENECIA #7 COL. JUAREZ C.P. MEXICO D.F., <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	D MENENDEZ, FEDERICO VENECIA #7 COL. JUAREZ C.P. MEXICO D.F., <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 exemptions contained in Chapter 119, 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <b>6/20/08</b> Daytime Phone #: <b>305-420-5578</b>	