
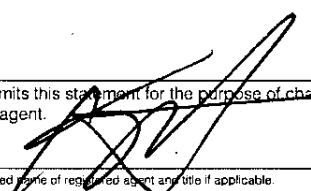
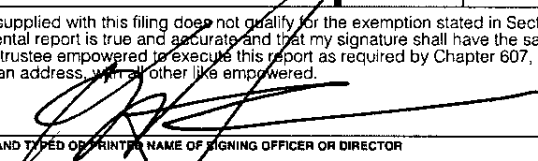


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90037 005 ***150.00

DOCUMENT # P03000025166																					
1. Entity Name OMNIMEDIA, INC.																					
Principal Place of Business 4611 W. NORTH A STREET TAMPA, FL 33609			Mailing Address 4611 W. NORTH A STREET TAMPA, FL 33609																		
2. Principal Place of Business 980 North Federal Hwy Suite, Apt. #, etc. 208		3. Mailing Address 980 North Federal Hwy Suite, Apt. #, etc. 208																			
City & State Boca Raton FL		City & State Boca Raton		4. FEI Number 55-0826387																	
Zip 33432		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																	
6. Name and Address of Current Registered Agent LOWRY, EMORY C 4611 W. NORTH A STREET TAMPA, FL 33609			7. Name and Address of New Registered Agent Name Ken Hudson Street Address (P.O. Box Number is Not Acceptable) 980 N. Federal Highway City Boca Raton FL Zip Code 33432																		
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:  2-27-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees																			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																		
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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:  561-620-4774 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																					