

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P04000063462</b> 1. Entity Name <b>DIONYSYS MEDIA GROUP, INC.</b>						<div style="border: 1px solid black; padding: 5px; display: inline-block;">             FILED              05 AUG 25 11:57              SECRETARY OF STATE              TALLAHASSEE, FL           </div>	
Principal Place of Business <b>1555 S.W. 109TH AVE. BLDG. 4, STE. 310 PEMBROKE PINES, FL 33025</b>				Mailing Address <b>1555 S.W. 109TH AVE. BLDG. 4, STE. 310 PEMBROKE PINES, FL 33025</b>			
2. Principal Place of Business		3. Mailing Address <b>1020 PEMBROKE ROAD</b>					
Suite, Apt. #, etc. 		Suite, Apt. #, etc. <b>#211</b>					
City & State 		City & State <b>MIRAMAR, FL</b>					
Zip 		Zip <b>33025</b>		Country <b>USA</b>		4. FEI Number <b>34-2025111</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>						Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>HAYNES, EDWARD 1555 S.W. 109TH AVE. BLDG. 4, STE. 310 PEMBROKE PINES, FL 33025</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 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	P CAMINERO, CARLOS 3550 BISCAYNE BLVD., STE. 300 MIAMI, FL 33156	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAYNES, EDWARD L 1555 SW 109TH AVE STE. 310 PEMBROKE PINES, FL 33025	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST HAYNES, EDWARD L 3550 BISCAYNE BLVD., STE. 300 MIAMI, FL 33156	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST HAYNES, ADRIENE 1555 SW 109TH AVE STE. 310 PEMBROKE PINES, FL 33025	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOUISIAS, JOSEPH 3550 BISCAYNE BLVD., STE. 300 MIAMI, FL 33156	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAYNES, CANDY JOE 1555 SW 109TH AVE STE. 310 PEMBROKE PINES, FL 33025	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, ANTHONY 3550 BISCAYNE BLVD., STE. 300 MIAMI, FL 33156	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>100059015991</b> <b>08/26/05--01003--022 **\$75.00</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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	<input type="checkbox"/> Delete	<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 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>SIGNATURE: <u>Edward L. Haynes</u> Edward L. HAYNES 8/20/05 (954)445-3779</b>						Date Daytime Phone #	