## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: \_

SIGNATURE AND TYPED OR PRINCED NAME OF SIGNATURE OFFICER OR DIRECTOR

## FILED Apr 21, 2005 8:00 am Secretary of State

DOCUMENT # P04000071360  1. Entity Name 4DESIGN MEDIA INC.								04-21-2005	90224 (	021 ****150	J. <b>U</b> U	
Principal Place of Business 8338 WEST FLAGLER STREET UNIT 208 MIAMI, FL 33174			Mailing Address 8338 WEST FLAGLER STREET UNIT 208 MIAMI, FL 33174									
2. Principal Pl	<u>N.FIQ</u>	grer street	3. Mailing Address 8838 W. Flagler STYLLT			UT	]	<b>14</b> (1) <b>1</b> (1(1) 14(1) 14(1) 14(1)				
208 ADS			Suite, Apt. #, etc.				04132005	Chg-P	CR2E	034 (10/03)		
miami, F			MIAMI, FC				4. FEI Numbe	3r 		<del> </del>	plied For t Applicable	
33174	ļ	Country	33174	Coun	try		5. Certificate	of Status Desired		\$8.75 Add Fee Require		
·	Registered Agent	Name			7. Name and	Address of New F	legistered	Agent				
ALVAREZ, AUDEL 8338 WEST FLAGLER STREET UNIT 208 MIAMI, FL 33174						Street Address (P.O. Box Number is Not Acceptable)						
TAILWIT, I E	33174				City				FL	Zip Cod	9	
the obligati	named entitions of regist		the purpose of changing its	registere	d office or	register	ed agent, or bo	th, in the State of Flo		<u> </u>	and accept	
SIGNATURE	Signature, typed	or printed name of registered agent a	and title if applicable. (NOT	E: Registere	d Agent signat	ure required	I when rainstating)		DATE		<del></del>	
		FEE IS \$150.00 5 Fee will be \$550.0	9. Election Campa Trust Fund Con		ncing	<b>\$5.</b> Add	.00 May Be ed to Fees					
10.	PD	OFFICERS AND	Detete	11.			ADDITIONS/	CHANGES TO OFF	ICERS AN	D DIRECTORS  Change	S IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	ARAICA, MICHAEL 3282 WEST 70TH STREET UNIT 101 HIALEAH, FL 33015									□ Crisinge	Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	VD ALVAREZ 8338 WE: MIAMI, FI	ST FLAGLER STREET	☐ Delete			Sept Sept	ARGZ, F	AUDEL logier s 23174	T #21	Change 08	☐ Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP			□ Delete							☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Change	☐ Addition	
12. I hereby of indicated of the corchanged,	certify that the lon this reporporation or to or on an att	ne information supplied with ort or supplemental report/ the receiver or trustee emp- achment with an address,	this filing does not qualify for true and accurate and that twered to execute this repor with all other like empowered	or the exe my signa t as requi	mption sta ture shall h ired by Cha	ted in Se lave the apter 607	ection 119.07(3) same legal effec 7, Florida Statute	(i), Florida Statutes. ct as if made under es; and that my nam	I further ce oath; that I e appears	ertify that the in am an officer in Block 10 or	nformation or director r Block 11 if	