FILED

DOCUMENT # P93000020874 1. Entity Name ENTERMEDIA, INC.							Sep 12, 2001 8:00 am Secretary of State 09-12-2001 90006 046 ***558.75					
Principal Place 3600 W. COM 207 FT LAUDERAL	MERCIAL BLV		Mailing Address 3600 W COMMERCIAL BLVD 207									
US	LC FL 33309		FT LAUDERDALE FL 33309 US					1			/	
2. Principal F	Place of Busin	ess	3. Mailing Address				III	TO LEGIO I CIUDI CALLI DO CALLI I	e iii ab iii ba ii a ii.	lii boist ieiij	1801 <u>1</u> 4601 1001	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State			City & State				4. FEI Nu	mber 65-039600	 5		pplied For ot Applicable	
Zip		Country	Zip	Country			5. Certific	ate of Status Desired		88.75 Add	ditional	
	6. Name	and Address of Current R	legistered Agent	1 1 200	Nome	·· · · ·	-7 Name :	and Address of New				
RASALYGA RRIAN						Name						
3600 W COMMERCIAL BLVD 207 FT LAUDERDALE FL 33309					Street Address (P.O. Box Number is Not Acceptable)							
FI LAUDE	ENDALE FL	33309		City					Zip Cod	le		
8. The above named entity submits this statement for the purpose of changing its registery						r rogistoro	d agent or	both in the State of E	FL.	2.000		
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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00								,	52			
Tax filing requirement and elects to do so. (See criteria on back)			After September 12, 2001 Fee will be \$750. Make Check Payable to Department of Star			e \$750.0	υį	Election Campaign F Trust Fund Contributi			00 May Be d to Fees	
11.		OFFICERS AND D	PIRECTORS	12.		,	ADDITIO	VS/CHANGES TO OF	FICERS AND I	DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS	P Basalyg/ 5300 yani	A, BRIAN KEE BLVD BAY 3	☐ Delete	NAM STRE		3600	o w c	COMMERCIAL	DURD HZ	Change	☐ Addition	
CITY-ST-ZIP		RDALE FL 33309			-\$T-ZIP	FT	AUDE	RDALE, FL	3330	9		
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TITLE NAME STREET ADDRESS			☐ Delete	TITLE NAME STRE	ET ADDRESS	ı	<u>, </u>			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	9		☐ Delete	TITLE NAME STREI	ET ADDRESS		 -			Change	Addition	
13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.												
		SIGNATURE AND TYPED OR PRI	NTED NAME OF SIGNING OFFICER	OR DIRECT	OR			Date	Day	ime Phone #		