2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 02, 2005 08:00 AM Secretary of State

DOCUMENT # P93000048024 1. Entity Name DMX CORP. Principal Place of Business 3370 NE 190TH ST AVENTURA, FL 33180 US AVENTURA, FL 33280-0808	Secretary of State
DO NOT WRITE IN THIS SPACE	03312005 No Chg-P CR2E034 (10/03) 4. FEI Number
FLORIDA INCORPORATORS, INC. 8875 HIDDEN RIVER PKWY SUITE 300 TAMPA, FL 33637-2083	DO NOT WRITE IN THIS SPACE
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 Signature. Typed or printed name of registered agent and RMs if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. I DATE 9. Election Campaign Financing Trust Fund Contribution. Added to Fees	
10 OFFICERS AND DIRECTORS TITLE PD NAME BANCROFT, SCOTT STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33141 IIILE NAME STREET ADDRESS CITY-ST-ZIP	U00000285161 04/02/05-80034-002 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: SIGNATURE AND TYPED OR PRINTED NAME OF PICKING DEFICER OR DIRECTOR Cayline Phone V	