SIGNATURE:

## **2004 FOR PROFIT CORPORATION** AMENDED ANNUAL REPORT

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DOCUI 1. Entity Name MEDIA-IN	e .	# P95000018	3603	503					- 04	SEP -2	FILED EP-2 PM 3: 10 ETARY OF STATE HASSEE, FLORIDA		
Principal Place	e of Business	illing Address					_0;;0	KETARY	YOF ST	A 12			
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3811 SW 47TH AVE., STE 621 Fort Lauderdale, Fl; 33314-2817 US				3811 SW 47TH AVE., STE 621 Suite 504				78			WUA		
10K1 EAGDENDALE, 1E (35514-2017 05				FORT LAUDERDALE, FL 33314-2817 US									
2. Principal Place of Business				3. Mailing Address									
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Suite, Apt. #, etc.				Suite, Apt. #, etc.				08272004	Chg-P	CR2E03	4 (10/03)		
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City & State			'	City & State				4. FEI Numbe 65-0576				plied For t Applicable	
Zip Country			<del> </del>		Coun	trv					8.75 Add		
۹.۳	Zip		~	2.5		,	i	5. Certificate		ee Required			
<del>-</del>	6. Name	and Address of Current	Regist	tered Agent				7. Name and	Address of New R	egistered A	gent		
		<del></del>	Name	ne Corporation Service Company									
ORDON'O, PHIL													
3801 SW 4				Street Address (P.O. Box Number is Not 1-201 Hays Stre				;)					
SUITE 621 FORT LAUDERDALE, FL 33314-2817									<u> </u>				
, 5, 1, 2, 10		-, 000 0		City				<del></del>			Zip Code		
								11ahasse		<u>FL</u>	1	3230	
		submits this statement fo	or the p	urpose of changing its	re@y	nthie•L	egi n	<b>FES</b> it, or bot	h, in the State of Fid	orida. I am fa	miliar with,	and accept	
the obligati	ions of registe	ered agent.	L		Ĭ	as its a	gei	nt		0/2	1		
SIGNATURE CHARTLES A Carris 9/2/04													
	Signature, typed o	or printed name of registered agent	and title i	applicable. (NOT	E: Registere	d Agent signature	e required	when reinstating)		DATE			
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9. Election Campaign Financia  Amended AR is \$61.25  Trust Fund Contribution.								00 May Be ed to Fees				İ	
7			)	mast Fund Cont	HDGHQH.		Auu	ed to rees					
10.		OFFICERS AND	DIREC		11.		,		CHANGES TO OFF		DIRECTORS	3 <u>JN 1</u> 1	
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NAME	ORDONO, PHILLIP				E   :	.DE,	Allurade,	Paulo C	, · 	a	601		
STREET ADDRESS							811 Southwest 47th Avenue, Suite 621 ort Lauderdale, Florida 33314						
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NAME	LOPES DE ANDRADE, PAULO C				NAM								
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indicated	on this repor	information supplied with t or supplemental report is	e truo s	and accurate and that i	my ciana	tura chali ha	ve the	came lenal after	t as it made under i	oath∙that Iar	n an officer	or director 1	
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 dath; 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.												Block 11 if	
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-583-7800

30-Mg-04