2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P95000018603

1. Entity Name
MEDIA-INFO, INC.

FILED
04 SEP -2 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
3811 SW 47TH AVE., STE 621 FORT LAUDERDALE, FL 33314-2817 US	3811 SW 47TH AVE., STE 621 SUITE 504 FORT LAUDERDALE, FL 33314-2817 US

08272004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0576949 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ORDON'O, PHIL
3801 SW 47TH AVENUE
SUITE 621
FORT LAUDERDALE, FL 33314-2817

7. Name and Address of New Registered Agent

Name: Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street
City: Tallahassee **FL** Zip Code: 32301

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.

Cynthia L. Harris as its agent

SIGNATURE: Cynthia A. Harris 9/2/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ORDONO, PHILLIP 3811 SW 47TH AVE., STE 621 FORT LAUDERDALE, FL 333142817	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President De,Andrade, Paulo C. 3811 Southwest 47th Avenue, Suite 621 Fort Lauderdale, Florida 33314	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LOPES DE ANDRADE, PAULO C 3811 SW 47TH AVE., STE 621 FORT LAUDERDALE, FL 333142817	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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] PAULO C DE ANDRADE 30-AUG-04 954-583-7800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #