

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Jul 29 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P96000030119 (7)**

1. Corporation Name  
**NEW MEDIA INC.**



Principal Place of Business <b>7907 N.W. 53RD ST. SUITE 163 MIAMI FL 33166</b>	Mailing Address <b>7907 N.W. 53RD ST. SUITE 163 MIAMI FL 33166</b>
---	---

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>04/05/1996</b>		3a. Date of Last Report	
4. FEI Number <b>650661965</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

2. Principal Place of Business <b>21 2650 NW 75TH AVE</b> Suite, Apt. #, etc. <b>22</b>	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b>
City & State <b>23 MIAMI - FLORIDA</b>	City & State <b>28</b>
Zip <b>24 33122</b>	Country <b>25 USA</b>
Zip <b>29</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent <b>GAMBOA, JAIME 79074 N.W. 53RD ST. SUITE 163 MIAMI FL 33166</b>		10. Name and Address of New Registered Agent <b>81 Name MARTY, LILIANA</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83 7907 NW 53rd ST SUITE 163</b> <b>84 City MIAMI FL 85 Zip Code 33166</b>	
--	--	---	--

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE  **LILIANA MARTY** **07/21/97**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PVST</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>PVST</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GAMBOA, JAIME</b>		1.2 NAME <b>MARTY, LILIANA</b>	
STREET ADDRESS <b>7907 N.W. 53RD ST. SUITE 163</b>		1.3 STREET ADDRESS <b>7907 NW 53rd ST SUITE 163</b>	
CITY-ST-ZIP <b>MIAMI FL 33166</b>		1.4 CITY-ST-ZIP <b>MIAMI, FL 33166</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GAMBOA, JAIME</b>		2.2 NAME	
STREET ADDRESS <b>7907 N.W. 53RD ST. SUITE 163</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI FL 33166</b>		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (4/97)