

08-08-2005 90045 029 ***158.75
P96000030119

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

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SECRET
TALLAHASSEE, FLA

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DOCUMENT # P96000030119		
1. Entity Name NEW MEDIA INC.		
Principal Place of Business 318 INDIAN TRACE 451 WESTON, FL 33326 US	Mailing Address 318 INDIAN TRACE 451 WESTON, FL 33326 US	
DO NOT WRITE IN THIS SPACE		

04122005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0661965	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GAMBOA, JAIME 318 INDIAN TRACE 451 WESTON, FL 33326

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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 title if applicable. (NOTE: Registered Agent signature required when renewing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing -Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GAMBOA, JAIME 318 INDIAN TRACE #451 WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

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 another like empowered.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____
Daytime Phone # _____

4/19/05