


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2005 8:00 am
Secretary of State

07-18-2005 90043 018 ***550.00

DOCUMENT # P97000024854		
1. Entity Name U.S. MEDIA, INC.		

Principal Place of Business 800 SW 3RD ST. BOCA RATON, FL 33486 US	Mailing Address 800 SW 3RD ST. BOCA RATON, FL 33486 US
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50055633

2. Principal Place of Business <u>ONE SOUTH OCEAN BLVD.</u>	3. Mailing Address <u>ONE SOUTH OCEAN BLVD.</u>
Suite, Apt. #, etc. <u>Suite 320</u>	Suite, Apt. #, etc. <u>Suite 320</u>
City & State <u>BOCA RATON, FL.</u>	City & State <u>BOCA RATON FL.</u>
Zip <u>33432</u> Country <u>PALEMBACH</u>	Zip <u>33432</u> Country <u>PALEMBACH</u>



07132005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent LENNON, TERESA A 800 SW 3RD ST. BOCA RATON, FL 33486		7. Name and Address of New Registered Agent Name <u>BUSCEMI, THERESA A.</u> Street Address (P.O. Box Number is Not Acceptable) <u>ONE SOUTH OCEAN BLVD.</u> <u>Suite 320</u> City <u>BOCA RATON</u> FL Zip Code <u>33432</u>	
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4. FEI Number 65-0734175	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 THERESA BUSCEMI (PRESIDENT) Theresa Buscemi 7/13/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BUSCEMI, THERESA A 800 SW 3RD ST BOCA RATON, FL 33486 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>ONE SOUTH OCEAN BLVD. Suite 320</u> <u>BOCA RATON, FL. 33432</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BUSCEMI, JUDITH 756 BARCELONA DR BOCA RATON, FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Theresa Buscemi (THERESA BUSCEMI) 7/13/05-561-393-6005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (PRESIDENT) Date 7/13/05 Daytime Phone #