2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000044868

1. Entity Name
MEDIA BUYING, INC.

Principal Place of Business	Mailing Address
4000 HOLLYWOOD BLVD. #475 SOUTH HOLLYWOOD, FL 33021	4000 HOLLYWOOD BLVD. #475 SOUTH HOLLYWOOD, FL 33021

DO NOT WRITE IN THIS SPACE

01092004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0754314	Not Applicable

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

6. Name and Address of Current Registered Agent

ALAN CAHAN, RICHARD J ESQ
C/O BECKER & POLIAKOFF, P.A.
5201 BLUE LAGOON DRIVE, SUITE 100
MIAMI, FL 33126

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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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

U000000121964
04/21/04-80010-005 150.00

10.	OFFICERS AND DIRECTORS
TITLE	PD
NAME	KAHN, ELLIS
STREET ADDRESS	4000 HOLLYWOOD BLVD. #475 SOUTH
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____   4/19/04   954-967-9899

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