


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2004 8:00 am
Secretary of State

03-30-2004 90005 007 ***158.75

DOCUMENT # P97000082732 1. Entity Name VISION MEDIA TECHNOLOGIES, INC.					
Principal Place of Business 425 UNIVERSITY AVE STE 500 TORONTO, ONTARIO, CA m5-g1t6			Mailing Address 425 UNIVERSITY AVE STE 500 TORONTO, ONTARIO, CA m5-g1t6		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0972873	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent UNITED CORPORATE SERVICES, INC. 9200 SOUTH DADELAND BLVD., #508 MIAMI, FL 33156				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and the filer (if applicable) (NOTE: Registered Agent signature required when not applicable)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		
\$5.00 May Be Added to Fees			DATE _____		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS MCDOWELL, MAULINE 425 UNIVERSITY AVE STE 500 TORONTO, ONTARIO, CA m5g1t6	<input checked="" 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	C POWERS, JOHN 425 UNIVERSITY AVE STE 500 TORONTO, ONTARIO, CA m561t6	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	CPS POWER, JOHN ← SAME	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS SISKIND, STEVEN L 645 FIFTH AVE., STE 403 NEW YORK, NY 10022	<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	<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	<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	<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)(f), 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: _____ JOHN POWERS, PRESIDENT (416) 480 9800 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

Attachment

P97000082732
44022495

VISION MEDIA TECHNOLOGIES, INC.
425 University Avenue, Suite 500
TORONTO, ONTARIO M5G 1T6

March 25, 2004

Divisions of Corporations
2670 Executive Center Circle
Suite 100
Tallahassee, FL 32301

RE: Mailing address for this Certificate of Status

Dear Sir/Madam:

Pursuant to our recent telephone conversation, we hereby request that you send the Certificate of Status **NOT** to our corporate mailing address but to our attorney's office that is as follows:

**Law Offices
Steven L. Siskind
Suite 403
645 Fifth Avenue
New York, NY 10022**

Also included in this package is the money order for \$158.75 that includes the amount of \$8.75 for the above requested certificate of Status.

Sincerely yours,



John Powers, President