

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000092784

FILED
Jan 21, 2004
Secretary of State

Entity Name: DIGICAST NEW MEDIA GROUP, INC.

Current Principal Place of Business:

2858 N UNIVERSITY DRIVE
CORAL SPRINGS, FL 33065 US

New Principal Place of Business:

110 E ATLANTIC AVE
SUITE 235
DELRAY BEACH, FL 33444 US

Current Mailing Address:

2858 N UNIVERSITY DRIVE
CORAL SPRINGS, FL 33065 US

New Mailing Address:

110 E ATLANTIC AVE
SUITE 235
DELRAY BEACH, FL 33444 US

FEI Number: 65-0794862

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOIACONO, CHARLES
2858 N UNIVERSITY DRIVE
CORAL SPRINGS, FL 33065

Name and Address of New Registered Agent:

LOIACONO, CHARLES
110 E ATLANTIC AVE
SUITE 235
DELRAY BEACH, FL 33444

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.

SIGNATURE: CHARLES LOIACONO

01/21/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: EISEMAN, MICHAEL
Address: 9710 NW 67TH ST
City-St-Zip: TAMARAC, FL 33421

Title: DVT (X) Delete
Name: LOIACONO, CHARLES
Address: 2858 N UNIVERSITY DR
City-St-Zip: CORAL SPRINGS, FL 33065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: LOIACONO, CHARLES M
Address: 110 E ATLANTIC AVE SUITE 235
City-St-Zip: DELRAY BEACH, FL 33444 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES LOIACONO

PD

01/21/2004

Electronic Signature of Signing Officer or Director

Date