2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2004
Secretary of State

DOCUMENT# P97000096450

Entity Name: RAW MEDIA INC.

Current Principal Place of Business:

905 BRICKELL BAY DRIVE
929
MIAMI, FL 33131

New Principal Place of Business:

8880 SW 87 STREET
MIAMI, FL 33173

Current Mailing Address:

905 BRICKELL BAY DRIVE
929
MIAMI, FL 33131

New Mailing Address:

P.O. BOX 140057
CORAL GABLES, FL 33145

FEI Number: 65-0793330 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SABRIA, WALFREDO I
905 BRICKELL BAY DRIVE
929
MIAMI, FL 33131

Name and Address of New Registered Agent:

SABRIA, WALFREDO I
8880 SW 87 STREET
MIAMI, FL 33173

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: WALFREDO I. SABRIA 02/21/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SABRIA, WALFREDO I
Address: 905 BRICKELL BAY DRIVE # 929
City-St-Zip: MIAMI, FL 33131

Title: VTS ( ) Delete
Name: SABRIA, WALFREDO I
Address: 905 BRICKELL BAY DRIVE # 929
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SABRIA, WALFREDO I
Address: 8880 SW 87 STREET
City-St-Zip: MIAMI, FL 33173

Title: VTS (X) Change ( ) Addition
Name: SABRIA, WALFREDO I
Address: 8880 SW 87 STREET
City-St-Zip: MIAMI, FL 33173

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: WALFREDO I. SABRIA PD 02/21/2004
Electronic Signature of Signing Officer or Director Date