2005 FOR PROFIT CORPORATION ANNUAL REPORT .

changed, or on an attachment with an address

SIGNATURE:

Feb 21, 2005 08:00 AM DOCUMENT # P98000017012 **Secretary of State** 1. Entity Name E MEDIA CORPORATION Principal Place of Business ___ Mailing Address 4630 N UNIVERSITY DRIVE 4630 N UNIVERSITY DRIVE #435 #435 CORAL SPRINGS, FL 33067 CORAL SPRINGS, FL 33067 02172005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0820949 Not Applicable of the married at a \$8.75 Additional 5. Certificate of Status Desired on it has been the Fee Required 6. Name and Address of Current Registered Agent RYDER, DAVID DO NOT WRITE 4630 N UNIVERSITY DR # 435 CORAL SPRINGS, FL 33067 IN THIS SPACE 5. 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 reinstaling) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. PD TITLE NAME RYDER, DAVID STREET ADDRESS 4630 N. UNIVERSITY DR #435 CORAL SPRINGS, FL 33067 CITY-ST-ZIP U000000237760 TIBE 02/21/05-80069-011 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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

FILED

Davdme Phone #