FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 24, 2002 8:00 am Secretary of State DOCUMENT # P99000013254 1. Entity Name DIGIMEDIA NETMARKET, INC. 04-24-2002 90277 004 ***150.00 Principal Place of Business Mailing Address 6538 COLLINS AVE 6538 COLLINS AVE MIAMI FL 33141-4694 MIAMI FL 33141-4694 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0906469 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent REIS, CESAR M Street Address (P.O. Box Number is Not Acceptable) 6538 COLLINS AVE 204 MIAMI FJ. 33141-4694 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PSTD ☐ Delete Change ☐ Addition REIS, CESAR M NAME NAME 6538 COLLINS AVE 204 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33141** CITY-ST-ZIE ☐ Delete TITLE Change ☐ Addition NAME REIS. CESAR M NAME STREET ADDRESS **6538 COLLINS AVE 204** STREET ADDRESS CITY-ST-ZIP MIAMI FL 33141-4694 CITY-ST-ZIP ☐ Delete TITLE Addition NAME TERESA DRUMMOND NAME 7928 WEST DRIVE, PH-1 N. BAY VILLAGE, FL 33141-5552 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. 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 11 or Block 12 if

changed, or on an attachment with an address, with all other like empowered

(305)672-7552