


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000013254</b> 1. Entity Name DIGIMEDIA NETMARKET, INC.	
-------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business 6538 COLLINS AVE 204 MIAMI, FL 33141-4694	Mailing Address 6538 COLLINS AVE 204 MIAMI, FL 33141-4694
--------------------------------------------------------------------------------	--------------------------------------------------------------------



02102004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0906469	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

REIS, CESAR M  
6538 COLLINS AVE  
204  
MIAMI, FL 33141-4694

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

U00000054596  
02/17/04-80002-024 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD REIS, CESAR M 6538 COLLINS AVE 204 MIAMI, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C REIS, CESAR M 6538 COLLINS AVE 204 MIAMI, FL 331414694
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRUMMOND, TERESA 7928 WEST DRIVE PH-1 N BAY VILLAGE, FL 331415552
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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

**SIGNATURE:**  **CESAR REIS** **02/12/04 (305) 672-7552**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #