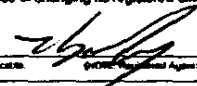
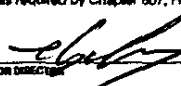


FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90144 005 ***158.75

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000014374			
1. Entity Name PRO MEDIA INTERNATIONAL, INC.			
Principal Place of Business 10116 TARRAGON DR RIVERVIEW, FL 33569		Mailing Address 10116 TARRAGON DR RIVERVIEW, FL 33569	
2. Principal Place of Business		3. Mailing Address	
Sole, APL, S, etc.		Sole, APL, S, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3554111		Applied For Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CLARY, H. JOE 11631 MOSSY WAY JACKSONVILLE, FL 32223		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 10116 TARRAGON DR. City Riverview FL Zip Code 33569	
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 <u>H. Joe Clary</u>  DATE 30 Apr 03			
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLARY, JOE 11631 MOSSY WAY JACKSONVILLE, FL 32223	TITLE NAME STREET ADDRESS CITY-ST-ZIP	10116 TARRAGON DR. Riverview, FL 33569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: <u>H. Joe Clary</u> 		DATE 30 Apr 03 813-672-4177	

11032956



☒ CHECK HERE IF MAKING CHANGES

CR2034 (10/02)