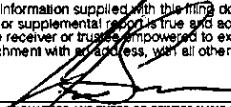


FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91061 012 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000082241			
1. Entity Name IMEDIA CORP.			
Principal Place of Business 3810 EXCHANGE AVE NAPLES, FL 34104		Mailing Address 3810 EXCHANGE AVE NAPLES, FL 34104	
2. Principal Place of Business 6323 JAMES LN Suite, Apt. #, etc.		3. Mailing Address 6323 JAMES LN Suite, Apt. #, etc.	
City & State NAPLES FL		City & State NAPLES FL	
Zip 34109		Country	
4. FEI Number 65-0954365		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		☒ CHECK HERE IF MAKING CHANGES	
6. Name and Address of Current Registered Agent GOODMAN, KENNETH D 3838 TAMiami TRAIL, SUITE 300 NAPLES, FL 34103		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable) City FL 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. 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's signature required when electing.) DATE			
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		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 D SU, CHEN 3810 EXCHANGE AVE. NAPLES, FL 34104		TITLE NAME STREET ADDRESS CITY-ST-ZIP D SU, CHEN 6323 JAMES LN NAPLES FL 34109	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		4/15/2003 598-2216	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Cayman Phone #	

CR2E034 (1/02)