FILED May 16, 2003 8:00 am Secretary of State 05-16-2003 90186 002 ***150.00

FOR PROFIT CORPORATION

DOCUMENT # P99000092009 1. Entity Name IMPAC+ MEDIX PROPUETIONS INC. DO NOT WRITE IN THIS SPACE				90135839		
2. Principal Place of Business 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
ST. PETER EREKUE, The	City & State		4. FEI Number	4 FEI Number 6 0 5 5 3 7 Applied For Not Applicable		
33715 Partie	Zip Country		5. Certificate of Status Desired S8.75 Additional Fee Required			
DO NOT WRITE IN THIS SPACE		Street Address	7. Name and Add	ress of Current Registers UTREA s Not Acceptable)	A Agent A A A A A A A A A A A A A	
		City / A	MPA	<i></i>	Zio Code 9	
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 farmitar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and lifte if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.			
10. OFFICERS AND DIR TITLE NAME STREET ADDRESS CITY-ST-ZIP OFFICERS AND DIR OFFIC	CNULTY N BLOOK	TITLE NAME STREET ADDRESS CITY-S1-ZIP			CRZE034B (12/02)	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	GKL	TITLE NAME STREET ADDRESS CITY-SI-ZIP			CR2E(
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO	NOT WR	TE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN	THIS SPA	CE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 filling 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 on an attachment with an address, with all other like empowered. SIGNATURE: SIGNATURE: Delto De						

Attachment

IMPACT MEDIA PRODUCTIONS, INC. 6322 PALMA DEL MAR UNIT #104 ST. PETERSBURG, FL. 33715

47 11000

Uniform Business Report Division of Corporations P.O. Box 1600 Tallahassee, FL 32303-1600

To Whom It May Concern:

To the best of our knowledge, we did not receive a UBR report and didn't know we could get one over the internet:—Consequently, we waited past the deadline. In phone conversations, your representative and our lawyer said it shouldn't be a problem. So I'm enclosing \$150.00.

Thank you for your understanding.

Since ely

Dungini