

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000097514

Entity Name: SDC MEDIA, INC.

FILED  
Apr 25, 2005  
Secretary of State

## Current Principal Place of Business:

2085 IXORA ROAD  
MIAMI, FL 33181

## New Principal Place of Business:

12000 BISCAYNE BLVD  
SUITE 610  
MIAMI, FL 33181

## Current Mailing Address:

PO BOX 2926  
HALLANDALE, FL 33008

## New Mailing Address:

12000 BISCAYNE BLVD  
SUITE 610  
MIAMI, FL 33181

FEI Number: 65-0961241

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VANDEWOUW, DAVE  
2085 IXORA RD.  
MIAMI, FL 33181 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PST ( ) Delete  
Name: VANDEWOUW, DAVE  
Address: 2085 IXORA RD.  
City-St-Zip: MIAMI, FL 33181

Title: VP ( ) Delete  
Name: STEVENS, RONALD  
Address: 17911 COLLINS AVENUE -SUITE 1208  
City-St-Zip: SUNNY ISLES, FL 33160

Title: VP ( ) Delete  
Name: VANDERLEM, STANLEY  
Address: 17911 COLLINS AVENUE -SUITE 1608  
City-St-Zip: SUNNY ISLES, FL 33160

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVE VANDEWOUW

PST

04/25/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date