


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000024258 1. Entity Name INTERMEDIA U.S.A., INC.	
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Principal Place of Business 4100 N POWERPINE RD J5 POMPANO BEACH, FL 33073	Mailing Address 4100 N POWERPINE RD J5 POMPANO BEACH, FL 33073
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DO NOT WRITE IN THIS SPACE



01072008 No Chg-P CR2E034 (11/05)

4. FEI Number 04-3603754	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

MREJEN, ARIE P.A.
 701 W. CYPRESS CREEK ROAD
 SUITE 302
 FORT LAUDERDALE, FL 33309

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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 signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MAMAN, ANDRE 4100 N. POWERLINE RD., STE J5 POMPANO BEACH, FL 33073
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 01/08/08-80017-007.150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **ANDRE MAMAN** 010408 954-5902575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #