

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL	
OMB Number:	3235-0104
Estimated average burden hours per response:	0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* <u>BLECH ISAAC</u>  (Last) (First) (Middle) 75 ROCKEFELLER PLAZA, 29TH FLOOR  (Street) NEW YORK NY 10019  (City) (State) (Zip)	2. Date of Event Requiring Statement (Month/Day/Year) 05/24/2011	3. Issuer Name and Ticker or Trading Symbol <u>Stratus Media Group, Inc [ SMDI ]</u>	
		4. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director <input checked="" type="checkbox"/> 10% Owner Officer (give title below) Other (specify below)	5. If Amendment, Date of Original Filed (Month/Day/Year)  6. Individual or Joint/Group Filing (Check Applicable Line) Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person

Table I - Non-Derivative Securities Beneficially Owned

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
---------------------------------	---	--	---

Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)		3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)		4. Conversion or Exercise Price of Derivative Security	5. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares			
Warrant (right to buy)	(1)	05/25/2016	Common Stock, par value \$0.001 per share	1,250,000	0.65	I	By Wife
Warrant (right to buy)	(1)	05/25/2016	Common Stock, par value \$0.001 per share	625,000	1	I	By Wife
Series E Preferred Stock	(2)	(2)	Common Stock, par value \$0.001 per share	1,250,000	0.4	I	By Wife
Warrant (right to buy)	(1)	05/25/2016	Common Stock, par value \$0.001 per share	16,250,000	0.65	I	By Trusts
Warrant (right to buy)	(1)	05/25/2016	Common Stock, par value \$0.001 per share	8,125,000	1	I	By Trusts
Series E Preferred Stock	(2)	(2)	Common Stock, par value \$0.001 per share	16,250,000	0.4	I	By Trusts

1. Name and Address of Reporting Person* <u>BLECH ISAAC</u>  (Last) (First) (Middle) 75 ROCKEFELLER PLAZA, 29TH FLOOR  (Street) NEW YORK NY 10019  (City) (State) (Zip)		
--	--	--

1. Name and Address of Reporting Person* <u>Liberty Charitable Remainder Trust f/b/o Isaac Blech</u>  (Last) (First) (Middle) 75 ROCKEFELLER PLAZA, 29TH FLOOR  (Street) NEW YORK NY 10019  (City) (State) (Zip)		
---	--	--

1. Name and Address of Reporting Person \*

West Charitable Remainder Unitrust

(Last) (First) (Middle)

75 ROCKEFELLER PLAZA, 29TH FLOOR

(Street)

NEW YORK NY 10019

(City) (State) (Zip)

1. Name and Address of Reporting Person \*

Blech Miriam

(Last) (First) (Middle)

75 ROCKEFELLER PLAZA, 29TH FLOOR

(Street)

NEW YORK NY 10019

(City) (State) (Zip)

Explanation of Responses:

1. The warrants are currently exercisable.
2. The Series C Preferred Stock is convertible at any time, at the holder's election, and has no expiration date.

LIBERTY CHARITABLE  
REMAINDER UNITRUST,  
By: /s/ Ori Solomon, Attorney- 06/01/2011  
In-Fact

WEST CHARITABLE  
REMAINDER UNITRUST,  
By: /s/ Ori Solomon, Attorney- 06/01/2011  
In-Fact

/s/ Ori Solomon, Attorney-In- 06/01/2011  
Fact for Isaac Blech

/s/ Ori Solomon, Attorney-In- 06/01/2011  
Fact for Miriam Wimpfheimer  
Blech

\*\* Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

\* If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.