


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90390 011 \*\*\*150.00

**DOCUMENT # F96000000511**  
 1. Entity Name  
**REED BRENNAN MEDIA ASSOCIATES, INC.**



Principal Place of Business  
**660 SHOREVIEW AVE.  
 WINTER PARK, FL 32789**

Mailing Address  
**214 NORTH TYRON STREET  
 CORPORATE TAX DEPARTMENT  
 CHARLOTTE, NC 28202**

**44041040**



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

04072004 Chg-P CR2E034 (10/03)

4. FEI Number  
**13-3858359**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
 Signature, typed or printed name of registered agent and title if applicable. DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	A/T	<input type="checkbox"/> Delete
NAME	MCCLOAT, KEITH A.	
STREET ADDRESS	235 E. 45TH ST.	
CITY-ST-ZIP	NEW YORK, NY 10017	
TITLE	AT	<input checked="" type="checkbox"/> Delete
NAME	PSYHOGIOS, DIONYSIOS	
STREET ADDRESS	227 WEST TRADE ST	
CITY-ST-ZIP	CHARLOTTE, NC	
TITLE	P	<input type="checkbox"/> Delete
NAME	BRENNAN, TIMOTHY J	
STREET ADDRESS	628 VIRGINIA DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32803	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ASHER, JAMES M	
STREET ADDRESS	959 EIGHTH AVE	
CITY-ST-ZIP	NEW YORK, NY 10019	
TITLE	S	<input type="checkbox"/> Delete
NAME	KING, JODIE W	
STREET ADDRESS	959 EIGHTH AVE.	
CITY-ST-ZIP	NEW YORK, NY 10019	
TITLE	VP	<input type="checkbox"/> Delete
NAME	TALBERT, JEFFREY	
STREET ADDRESS	628 VIRGINIA DR	
CITY-ST-ZIP	ORLANDO, FL 32803	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Assistant Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Psychogios, Dionysios	
STREET ADDRESS	214 North Tryon Street, 32nd Floor	
CITY-ST-ZIP	Charlotte, NC 28202	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:** Dionysios Psychogios  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Dionysios Psychogios**  
**Assistant Treasurer 4/23/04 (704) 348-8531**  
 Date Daytime Phone #