


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 08:00 AM
Secretary of State

DOCUMENT # G75168
 1. Entity Name
THE MONSTER CORPORATION



Principal Place of Business Mailing Address
6041 KIMBERLY BLVD. **6041 KIMBERLY BLVD.**
SUITE I **SUITE I**
N. LAUDERDALE, FL 33068-2816 US **N. LAUDERDALE, FL 33068-2816 US**



01242005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2771375** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
MONTAG, MICHAEL
4131 NW 58 ST
COCONUT CREEK, FL 33073-5909

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MONTAG, BARBARA 1212 B1 BAHAMA BLVD POMPANO BEACH, FL 33066
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MONTAG, MICHAEL A 4131 NW 58 ST.L COCONUT CREEK, FL 330735909
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MONTAGE, KELLY 4131 NW 58TH STREET COCONUT CREEK, FL 33073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Barbara Montag 1/24/05 (954) 979-1193
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #