


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90128 044 ****50.00

DOCUMENT # L01000021918

1. Entity Name
IQ MEDIA GROUP, LTD. CO.



Principal Place of Business Mailing Address

8660 COLLEGE PARKWAY, SUITE 300 **8660 COLLEGE PARKWAY, SUITE 300**
FT. MYERS, FL 33919 **FT. MYERS, FL 33919**

24000657



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01062004 Chg-LLC CR2E083 (10/03)

4. FEI Number Applied For

65-1159178 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHREIBER, WILLIAM L
8660 COLLEGE PARKWAY, SUITE 300
FT. MYERS, FL 33919

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) DATE _____

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	SCHREIBER, WILLIAM L	
STREET ADDRESS	1350 TANGLEWOOD PARKWAY	
CITY - ST - ZIP	FT. MYERS, FL 33919	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	ROGERS, JOHN W	
STREET ADDRESS	1490 BASS CIRCLE	
CITY - ST - ZIP	FT. MYERS, FL 33919	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

10. ADDITIONS/CHANGES

TITLE	MGR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHREIBER, WILLIAM L.	
STREET ADDRESS	16536 WELLINGTON LAKES CIRCLE	
CITY - ST - ZIP	FT. MYERS, FL 33908	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *William L. Schreiber* **1/6/04** **239-489-4090**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #