


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90094 012 ***150.00

DOCUMENT # P01000061964
 1. Entity Name
 MAGAZINE PUBLISHERS OF FLORIDA, INC.



Principal Place of Business 12788 W. FOREST HILL BLVD., #1003 WELLINGTON, FL 33414	Mailing Address 12788 W. FOREST HILL BLVD., #1003 WELLINGTON, FL 33414
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DO NOT WRITE IN THIS SPACE

44029249



04142004 No Chg-P CR2E034 (10/03)

4. FEI Number 46-0477907	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
 MORRIS, ROBERT R ESQ.
 685 ROYAL PALM BCH BLVD., SUITE 205
 ROYAL PALM BCH, FL 33411

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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, 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 NAME STREET ADDRESS CITY-ST-ZIP	P MANNING, BARRY 1004 ISLAND MANOR DR. WEST PALM BEACH, FL 33413
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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)(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: BARRY MANNING *Barry Manning* 4/14/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #