

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90475 041 ***150.00

DOCUMENT # P02000009616

1. Entity Name
SIGN MEDIA SYSTEMS, INC.



Principal Place of Business

**2100 19TH STREET
SARASOTA, FL 34234**

Mailing Address

**2100 19TH STREET
SARASOTA, FL 34234**

54053973



04262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0555904

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**UCCELLO, ANTONIO F III
2100 19TH STREET
SARASOTA, FL 34234**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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	D	Antonio F III
NAME	UCCELLO, ANTHONY	Change
STREET ADDRESS	2100 19TH STREET	
CITY - ST - ZIP	SARASOTA, FL 34234	
TITLE	D	UCCELLO, ABRAHAM
NAME	UCCELLO, ABRAHAM	Remove
STREET ADDRESS	2100 19TH STREET	
CITY - ST - ZIP	SARASOTA, FL 34234	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #