2004 FOR PROFIT CORPORATION ANNUAL REPORT

3/1/2004-90038-007-$150.00-$150.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
54013594

01132004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000023894

1. Entity Name
MINDSTAB MEDIA, INC.

Principal Place of Business	Mailing Address
P O BOX 5272 NAVARRE, FL 32566	P O BOX 5272 NAVARRE, FL 32566

2. Principal Place of Business	3. Mailing Address
8738 FAYE COURT	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NAVARRE, FL	City & State
Zip: 32566 Country: US	Zip Country

4. FEI Number: 56-2922660 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KESTERSON, ASHLEY E
1928 JO TAM LANE
NAVARRE, FL 32566

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 8738 FAYE COURT

City NAVARRE FL Zip Code 32566

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: Ashley Kesterson 2/28/04
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P KESTERSON, ASHLEY E 1928 JO TAM LANE NAVARRE, FL 32566 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 8738 FAYE COURT NAVARRE, FL 32566
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VST KESTERSON, STEPHEN E 1928 JO TAM LANE NAVARRE, FL 32566 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 8738 FAYE COURT NAVARRE, FL 32566
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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: Ashley Kesterson 2/27/04 (850) 496-2407
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #