2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State
03-09-2004 90048 009 ***150.00

DOCUMENT # P01000004544

1. Entity Name

3RC MEDIA, INC.

Principal Place of Business	Mailing Address
226 85TH STREET HOLMES BEACH FL 34217	226 85TH STREET HOLMES BEACH FL 34217

MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
313 IRIS St Suite, Apt. #, etc.	PO BOX 764 Suite, Apt. #, etc.
City & State: Anna Maria FL	City & State: Ana Maria FC
Zip: 34216 Country: USA	Zip: 34216 Country: USA

4. FEI Number 65-1067173 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MARTIN, JACOB
226 85TH STREET
HOLMES BEACH FL 34217

7. Name and Address of New Registered Agent

Name: Jacob Martin

Street Address (P.O. Box Number is Not Acceptable): 313 IRIS St

City: Anna Maria FL Zip Code: 34216

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: _____ 3/1/04
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
Make Check Payable to Florida Department of State

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	D MARTIN, JACOB 226 85TH STREET HOLMES BEACH FL 34217	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #