## **2005 FOR PROFIT CORPORATION** ANNUAL REPORT

SIGNATURE: \_

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED Jan 27, 2005 08:00 AM DOCUMENT # V38233 **Secretary of State** 1. Entity Name CONCEPT MEDIA CORP. Principal Place of Business Mailing Address 1900 GLADES RD. SUITE 450 1900 GLADES RD. SUITE 450 BOÇA RATON, FL 33431 US BOCA RATON, FL 33431 US No Chg-P CR2E034 (10/03) 01122005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0336213 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PERLSTEIN, RONALD S. DO NOT WRITE 1900 GLADÉS RD. SUITE 450 BOCA RATON, FL 33431 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. (NOTE Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE PERLSTEIN, RONALD S. NAME STREET ADDRESS 1900 GLADES RD. SUITE 450 000000198378 01/27/05-80049-012 **150.00** CITY+ST-ZIP BOCA RATON, FL 33431 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE at high been our do no progetion. NAME WORLD PRES 45 SERVICEOUS STREET ADDRESS 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.

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