

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 459462

1. Entity Name
MEDIA CONCEPTS, INC.



Principal Place of Business
**559 49TH STREET SOUTH
ST PETERSBURG, FL 33707**

Mailing Address
**559 49TH STREET SOUTH
ST PETERSBURG, FL 33707**

DO NOT WRITE IN THIS SPACE



04272004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1559994 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SKIDMORE, CHARLES
3143A 37TH LANE S
ST. PETERSBURG, FL 33711**

**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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	PD SKIDMORE, CHARLES W R 7984 SAILBOAT KEY BLVD #301 SAINT PETERSBURG, FL 33707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD GALLAGHER, JOHN P 1316 PASADENA AVE. #401 ST. PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPOV SMITH, RICHARD JR 7900 55TH WAY NORTH PINELLAS PARK, FL 33781
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/29/04-80174-021 150.00

**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)(f), 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: Charles W.R. Skidmore
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/04 727-321-2122
Date Daytime Phone #