


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90052 037 ***150.00

DOCUMENT # 568684 1. Entity Name WINNING NEWS MEDIA, INC.	
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Principal Place of Business 5220 S RUSSELL ST #40 TAMPA, FL 33611	Mailing Address 5220 S RUSSELL ST #40 TAMPA, FL 33611
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2. Principal Place of Business 248 GLADIOUS ST. Suite, Apt. #, etc.	3. Mailing Address PO BOX 819 Suite, Apt. #, etc.
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City & State ANNA MARIA, FL Zip 34216 Country USA	City & State ANNA MARIA, FL Zip 34216 Country USA
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6. Name and Address of Current Registered Agent JONES, CLARENCE H. JR. 5220 S RUSSELL ST #40 TAMPA, FL 33611	
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7. Name and Address of New Registered Agent Name JONES, CLARENCE H. JR. Street Address (P.O. Box Number is Not Acceptable) 248 GLADIOUS ST. City ANNA MARIA FL Zip Code 34216	
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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 <u>Clarence H. Jones, Jr. Pres.</u> DATE <u>March 24, 2004</u> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDV JONES, CLARENCE H. JR. 5220 S RUSSELL ST #40 TAMPA, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JONES, CLARENCE H. JR. 248 GLADIOUS ST ANNA MARIA, FL 34216 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JONES, ELLLEN L. 248 GLADIOUS ST. ANNA MARIA, FL 34216 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u>Clarence H. Jones, Jr. Pres.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>3/24/2004</u> <u>318-PPR-3521</u> <small>Date Daytime Phone #</small>