

REVISED

2004 LIMITED PARTNERSHIP ANNUAL REPORT


Due By September 8, 2004

FILED

04 JUL 12 AM 10:39

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

DOCUMENT # B03000000066		
1. Entity Name RTM MEDIA LP		

Principal Place of Business 1175 ADKINS, SUITE 101 HOUSTON, TX 77055	Mailing Address 1175 ADKINS, SUITE 101 HOUSTON, TX 77055
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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07072004 Chg-LP CR2E003 (10/03)

4. FEI Number 55-0798756

Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$123,333.00	10. Amount of Capital Contributions in FLORIDA to date.
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	M03000000593	STREET ADDRESS	RTM Investments, LLC
NAME	NTM INVESTMENTS, L.L.C.	CITY-ST-ZIP	1175 ADKINS, SUITE 101 HOUSTON, TX 77055
STREET ADDRESS	3705 WICKERSHAM LANE		
CITY-ST-ZIP	HOUSTON, TX 77027		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE