

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2004 8:00 am**  
**Secretary of State**

03-01-2004 90050 024 \*\*\*150.00

**DOCUMENT # F00000003283**

1. Entity Name  
**BEVERAGE MEDIA GROUP, INC.**



Principal Place of Business  
**116 JOHN STREET, 21ST FLOOR  
NEW YORK, NY 10038**

Mailing Address  
**116 JOHN STREET, 21ST FLOOR  
NEW YORK, NY 10038**

**94022041**

2. Principal Place of Business  
**116 JOHN STREET**  
Suite, Apt. #, etc.  
**23<sup>RD</sup> FLOOR**

3. Mailing Address  
**116 JOHN STREET**  
Suite, Apt. #, etc.  
**23<sup>RD</sup> FLOOR**

City & State  
**NEW YORK NY**

City & State  
**NEW YORK NY**

02192004 Chg-P CR2E034 (10/03)

4. FEI Number  
**13-4117138**

Applied For  
Not Applicable

Zip Country  
**-10038 - -USA -**

Zip Country  
**-10038 - -USA -**

5. 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

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

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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE **VP** ☐ Delete  
NAME **SLONE, WILLIAM G**  
STREET ADDRESS **116 JOHN ST 23RD FLOOR**  
CITY-ST-ZIP **NEW YORK, NY 10038**

TITLE **VP** ☐ Delete  
NAME **GLASSER, JASON**  
STREET ADDRESS **116 JOHN ST 23RD FLOOR**  
CITY-ST-ZIP **NEW YORK, NY 10038**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: **Chief Operating Officer**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/25/04**  
Date

**212-571-3232**  
Daytime Phone #