

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90049 017 ***150.00

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1. Entity Name
EMPOWER MEDIAMARKETING, INC.



Principal Place of Business
**455 DELTA AVENUE
CINCINNATI, OH 45226**

Mailing Address
**455 DELTA AVENUE
CINCINNATI, OH 45226**

50018984



2. Principal Place of Business

1111 St. Gregory Street
Suite, Apt. #, etc.

3. Mailing Address

1111 St. Gregory Street
Suite, Apt. #, etc.

01112005 Chg-P CR2E034 (10/03)

City & State

Cincinnati OH

City & State

Cincinnati OH

4. FEI Number

31-1159220

Applied For

Not Applicable

Zip

45202

Country

Zip

45202

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PISTULKA, MARGARET D
5455 NW 121ST AVENUE
CORAL SPRINGS, FL 33076**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **MCHALE, BRIAN J**
STREET ADDRESS **2712 ROYALWOODS COURT**
CITY-ST-ZIP **CINCINNATI, OH 45244**

TITLE **C** ☐ Delete
NAME **PRICE, WILLIAM C**
STREET ADDRESS **900 ADAMS CROSSING STE 5300**
CITY-ST-ZIP **CINCINNATI, OH 45202**

TITLE **TS** ☐ Delete
NAME **VEIL, LYNNE C**
STREET ADDRESS **975 CHESTERTON WAY**
CITY-ST-ZIP **CINCINNATI, OH 45230**

TITLE **D** ☐ Delete
NAME **LOWRY, JOSEPH M**
STREET ADDRESS **459 TAM O SHANTER CTNE**
CITY-ST-ZIP **CINCINNATI, OH 45202**

TITLE **D** ☐ Delete
NAME **PRICE, MARY E**
STREET ADDRESS **900 ADAMS CROSSING STE 5300**
CITY-ST-ZIP **CINCINNATI, OH 45202**

TITLE **V** ☐ Delete
NAME **BENTZINGER, SUSAN E**
STREET ADDRESS **1160 COVENTRY WOODS DRIVE**
CITY-ST-ZIP **CINCINNATI, OH 45230**

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

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

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

TITLE ☒ Change ☐ Addition
NAME **Bentzinger, Susan E**
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOSEPH LOWRY **2/2/05** **513-719-6337**