2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000005176

LUSK, HARLAN

51404 HARRINGTON DRIVE

GRANGER, IN 46530

Name:

Address:

City-St-Zip:

Entity Name: MYERSMEDIAGROUP.COM, INC.

FILED Jan 12, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1131-2 S.W. 9TH AVENUE FORT LAUDERDALE, FL 33315 **Current Mailing Address: New Mailing Address:** 1131-2 S.W. 9TH AVENUE FORT LAUDERDALE, FL 33315 FEI Number: 91-1989379 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MYERS, JOHN R 1131-2 S.W. 9TH AVENUE FORT LAUDERDALE, FL 33315 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PCD () Delete Title: () Change () Addition MYERS, JOHN R Name: Name: 1131-2 S.W. 9TH AVENUE Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33315 City-St-Zip: Title: SD Title: () Delete () Change () Addition Name: MYERS, DEBRA L Name: 1131-2 S.W. 9TH AVENUE Address: Address: FORT LAUDERDALE, FL 33315 City-St-Zip: City-St-Zip: () Delete Title: Title: TD () Change () Addition MOEHLMAN, MARK L Name: Name: 800 NWPORT CENTER DRIVE, SUITE 150 Address: Address: City-St-Zip: NEWPORT BEACH, CA 92660 City-St-Zip: Title: () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: JOHN R. MYERS DR. 01/12/2004