

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 13, 2004 8:00 am
Secretary of State

05-13-2004 90012 030 ***150.00

DOCUMENT # F03000004964

1. Entity Name

SOURCE INTERLINK INTERNATIONAL, INC.



Principal Place of Business

27500 RIVERVIEW CENTER BLVD., STE. 400
BONITA SPRINGS, FL 34134

Mailing Address

27500 RIVERVIEW CENTER BLVD., STE. 400
BONITA SPRINGS, FL 34134

54054171



05042004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0251428

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
IN THIS SPACE**

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 \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FLEGEL, S. LESLIE
STREET ADDRESS	27500 RIVERVIEW CENTER BLVD., STE. 400
CITY-ST-ZIP	BONITA SPRINGS, FL 34134
TITLE	D
NAME	GILLIS, JAMES R
STREET ADDRESS	27500 RIVERVIEW CENTER BLVD., STE. 400
CITY-ST-ZIP	BONITA SPRINGS, FL 34134
TITLE	D
NAME	FLEGEL, JASON S
STREET ADDRESS	27500 RIVERVIEW CENTER BLVD., STE. 400
CITY-ST-ZIP	BONITA SPRINGS, FL 34134
TITLE	DP
NAME	PHILLIPS, MELVYN
STREET ADDRESS	27500 RIVERVIEW CENTER BLVD., STE. 400
CITY-ST-ZIP	BONITA SPRINGS, FL 34134
TITLE	CFOS
NAME	FIERMAN, MARC
STREET ADDRESS	27500 RIVERVIEW CENTER BLVD., STE. 400
CITY-ST-ZIP	BONITA SPRINGS, FL 34134
TITLE	AS
NAME	BATES, DOUGLAS J
STREET ADDRESS	27500 RIVERVIEW CENTER BLVD., STE. 400
CITY-ST-ZIP	BONITA SPRINGS, FL 34134

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IN THIS SPACE**

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

5/7/04

Date

239-445-5157

Daytime Phone #