

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 13, 2005 08:00 AM
Secretary of State

DOCUMENT # F93000002588

1. Entity Name

MEDIA VENTURE MANAGEMENT, INC.



Principal Place of Business

8440 DEER LAKE ROAD NORTH
TALLAHASSEE, FL 32312 US

Mailing Address

5811 PELICAN BAY BLVD
#210
NAPLES, FL 34108 US



05102005

No Chg-P

CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

54-1666027

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KUSZLYK, JEANETTE
5811 PELICAN BAY BLVD #210
NAPLES, FL 34108

**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 \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PCD
NAME	COBB, BRIAN E
STREET ADDRESS	5811 PELICAN BAY BLVD #210
CITY-ST-ZIP	NAPLES, FL 34108
TITLE	SD
NAME	COBB, DENISE L
STREET ADDRESS	8889 PELICAN BAY BLVD., SUITE 500
CITY-ST-ZIP	NAPLES, FL 34108
TITLE	VP
NAME	STONE, PAUL
STREET ADDRESS	5811 PELICAN BAY BLVD #210
CITY-ST-ZIP	NAPLES, FL 34108
TITLE	VP
NAME	KUSZLYK, JEANETTE
STREET ADDRESS	5811 PELICAN BAY BLVD #210
CITY-ST-ZIP	NAPLES, FL 34108
TITLE	T
NAME	GIDDENS, JOANNE
STREET ADDRESS	5811 PELICAN BAY BLVD #210
CITY-ST-ZIP	NAPLES, FL 34108
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

000000-855411
05/13/05-80002-005 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #

239-566-6051