


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 11, 2004 08:00 AM
Secretary of State

DOCUMENT # F93000003182 1. Entity Name TELEMEDIA COMMUNICATIONS, INC. OF MARYLAND	
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Principal Place of Business 100 THORNHILL RD AUBURDALE, FL 33823 US	Mailing Address 100 THORNHILL RD AUBURDALE, FL 33823 US
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SWANDER, ROBERT
100 THORNHILL RD
AUBURDALE, FL 33823**

**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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature typed or printed name of registered agent and title if applicable _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	UN00000085287 03/11/04 00042 006 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT SWANDER, ROBERT 100 THORNHILL RD AUBURDALE, FL 33823
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SWANDER, PATRICIA 100 THORNHILL RD AUBURDALE, FL 33823
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS SWANDER, DARREN 100 THORNHILL RD AUBURDALE, FL 33823
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
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)(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:  **3-3-04 863-967-0600**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____