


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # F94000003399 1. Entity Name SUN OVER JUPITER BROADCASTING, INC.		
Principal Place of Business 100 LAKE SHORE DRIVE APT 258 NORTH PALM BEACH, FL 33408 US	Mailing Address 100 LAKE SHORE DRIVE APT 258 NORTH PALM BEACH, FL 33408 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent DAHLIN, PATRICIA 9148 BONITA BEACH ROAD SUITE 205 BONITA SPRINGS, FL 34135		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
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
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PINE, GEORGE E 100 LAKESHORE DR NORTH PALM BEACH, FL 33408	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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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: <u>Edward Pine</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>4/26/04</u> <u>561-626-4595</u> <small>Date Daytime Phone #</small>



04212004 No Chg-P CR2E034 (10/03)

4. FEI Number
52-1644173

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

000000135493
-04/28/04-80060-018 150.00

**DO NOT WRITE
IN THIS SPACE**