


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 08:00 AM
Secretary of State

DOCUMENT # F96000006032	
1. Entry Name NEOMEDIA TECHNOLOGIES, INC.	

Principal Place of Business 2201 SECOND ST STE 402 FT MYERS, FL 33901 US	Mailing Address 2201 SECOND ST STE 402 FT MYERS, FL 33901 US
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DO NOT WRITE IN THIS SPACE



02022004 No Chg-P CR2E034 (10/03)

4. FEI Number 36-3680347	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

JENSEN, CHARLES T
2201 SECOND ST
STE 402
FT MYERS, FL 33901

**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) _____ **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
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PMD JENSEN, CHARLES 2201 SECOND STREET STE 402 FT. MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DODGE, DAVID 2201 SECOND STREET STE 402 FORT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FRITZ, WILLIAM E 2201 SECOND STREET STE 402 FORT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRITZ, CHARLES W 2201 SECOND STREET STE 402 FORT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEIL, JAMES S 2201 SECOND STREET STE 402 FORT MYERS, FL 33901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARCLAY, A. HAYES 2201 SECOND STREET STE 402 FORT MYERS, FL 33901

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03/01/04-80095-019 150.00

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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)(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:  **VP/CEO** **2/27/04** **239-337-3434**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #