

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 07, 2005 8:00 am**  
**Secretary of State**

03-07-2005 90301 001 \*\*\*300.00

DOCUMENT # F97000002089

1. Entity Name  
NEOMEDIA MIGRATION, INC.



Principal Place of Business  
2201 2ND STREET  
SUITE 402  
FORT MYERS, FL 33901

Mailing Address  
2201 2ND STREET  
SUITE 402  
FORT MYERS, FL 33901

00000010



02092005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
36-3960973

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

JENSEN, CHARLES T  
2201 2ND STREET, STE 402  
FORT 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

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**  
**After May 1, 2005 Fee will be \$550.00.**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	ST
NAME	JENSEN, CHARLES
STREET ADDRESS	2201 2ND STREET, SUITE 402
CITY-ST-ZIP	FORT MYERS, FL 33901
TITLE	D
NAME	FRITZ, WILLIAM E
STREET ADDRESS	2201 2ND STREET, SUITE 402
CITY-ST-ZIP	FORT MYERS, FL 33901
TITLE	P
NAME	FRITZ, CHARLES L
STREET ADDRESS	2201 2ND STREET, SUITE 402
CITY-ST-ZIP	FORT MYERS, FL 33901
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)(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:

*Charles T. Jensen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/05  
Date

239-337-3434  
Daytime Phone #