

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2004 08:00 AM
Secretary of State

DOCUMENT # F99000004927

1. Entity Name
THOMSON BROADCAST AND MEDIA SOLUTIONS, INC.



Principal Place of Business
**400 PROVIDENCE MINE RD
NEVADA CITY, CA 95959**

Mailing Address
**400 PROVIDENCE MINE RD
NEVADA CITY, CA 95959**



02222004 No Chg-P CR2E034 (10/03)

4. FEI Number
33-0871546

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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 registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000092567
03/19/04-80614-008 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP THORSTEINSON, TIMOTHY 7046 WINTERWOOD DR GRANITE BAY, CA 95746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FREELAND, CHARLES 10330 N MERIDIAN STREET INDIANAPOLIS, IN 46290
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VALENTIR, MARC 10330 NORTH MERIDIAN STREET INDIANAPOLIS, IN 46290
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JOHNSON, RUSSELL K 9 ERICK COURT CHESTER, NJ 07930
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HJORD, LENNART 400 PROVIDENCE MINE RD NEVADA CITY, CA 95959
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LAWRENCE, GEORGE J 10330 N MERIDIAN STREET INDIANAPOLIS, IN 46290

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #