## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G47878

Entity Name: PRESTIGE MEDIA LTD., INC.

**FILED** Apr 18, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

652 N.W. 127TH AVE.

CORAL SPRINGS, FL 33071 US

**Current Mailing Address: New Mailing Address:** 

652 N.W. 127TH AVE.

CORAL SPRINGS, FL 33071 US

FEI Number: 59-2311858 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

THORNTON, CHRISTY GLASSMAN, LINDSAY E ESQ. 120 S. OLIVE AVE., STE 600 WEST PALM BEACH, FL 33401 20 ISLAND AVE.

US SUITE 1008

MIAMI BEACH, FL 33139 US

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.

SIGNATURE: LINDSAY E. GLASSMAN 04/18/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition GLASSMAN, PHILIP GLASSMAN, PHILIP PRES, Name: Name: 652 N.W. 127 TH AVE. 652 N.W. 127TH AVE. Address: Address: CORAL SPRINGS, FL 33071 City-St-Zip: CORAL SPRINGS, FL 33071 City-St-Zip:

Title: VC Title: MS. (X) Change ( ) Addition () Delete Name: GLASSMAN, STACEY L Name: GLASSMAN, STACEY L V.P. 7832 COLLINS AVE. #603 20 ISLAND AVE. SUITE 1008 Address: Address: MIAMI BEACH, FL 33141 MIAMI BEACH, FL 33139 City-St-Zip: City-St-Zip:

Title: Title: (X) Change ( ) Addition VC ( ) Delete MS GLASSMAN, LINDSAY E Name: GLASSMAN, LINDSAY E V.P. Name: 7832 COLLINS AVE. #603 20 ISLAND AVE. SUITE 1008 Address: Address: City-St-Zip: MIAMI BEACH, FL 33141 City-St-Zip: MIAMI BEACH, FL 33139

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHIL GLASSMAN MR 04/18/2005