2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

20	006 FOR PROI ANNUAL I	FIT CORPOR REPORT (AR	ATION }	FILED Feb 16, 2006 08:00 AM
DOCUMENT # J05360 t. Entity Name				Secretary of State
MEDIA W	VORKS, INC.			
Principal Plac	ce of Business	Mailing Address		
2136 KINGS AVE. JACKSONVILLE FL 32207		2136 KINGS AVE. JACKSONVILLE FL 32207		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc		tst MOORE
City & State		City & State		4. FEI Number 59-2660471 Applied For Not Applied
Zip	Country	Zıp	Country	5. Certificate of Status Desired
	6. Name and Address of Curre	nt Registered Agent	Name	7. Name and Address of New Registered Agent
DIETSCH, THERESA H				(P.O. Box Number is Not Acceptable)
	6 KINGS AVE. CKSONVILLE FL 32207		Direct Addition	(i. C. Dox rydridar is (voc Acceptable)
			Pity	FL Zip Code
8. The above	a named entity submits this statement tions of registered agent.	for the purpose of changing its	registered office or registe	ered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typen or pratted name of registered ag-	and and Blo Lapplicable (MINTER)	. Registored Agent signalure reques	
F	TILE NOW!!! FEE IS \$150.00	aur mun u abbucana (MO).E	. nagistatea Agem signature teques	ct when reinstalung) DATE
After	May 1, 2006 Fee Will Be \$550. k Payable to Florida Department	of State		S. Election Campaign Financing \$5.00 May 9 Trust Fund Contribution.
10.	T	ID DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME	PSD DIETSCH, THERESA H.	☐ Delete	TITLE	☐ Change ☐ Admit.
STREET ADDRESS	2136 KINGS AVE.		NAME STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL		CITY-ST-ZIP	H000000437221
TITLE	סז	☐ Deleto	TITLE	02/20/06 60033-003_1511,00 🗀 🚟
NAME STREET ADDRESS	DIETSCH, FRED 2136 KINGS AVE.		NAME STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		CITY-ST-ZIP	
TITLE		☐ Delete	idit	☐ Change ☐ Arette
NAME		1	N AN'E	
STREET ADDRESS CITY-ST-ZIP		•	STHEET ADDRESS CITY-ST-ZIP	
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NAME		}	NVME	- • •
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
MIL		□ Delete	TILE	☐ Change ☐ Admin
NAME		— 2000p	NAME	Cl comittee Characteristics
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CATY-ST-ZIP	
THILE		☐ Delete	TITLE	Change Additiv
NAME STREET ADDRESS			NAME CYPICA ADDOCAD	
STREET ADDRESS CITY-ST-ZTP			STREET ADDRESS CITY-ST-ZIP	
O111-31-21			a)	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 by 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 alfother like empowered. 2-13-06 904 398-5518

SIGNATURE: