2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 26, 2005 08:00 AM Secretary of State

DOCUMENT # L74936 1. Entity Name BEE-LINE MEDIA CORPORATION			Secretary of State				
Principal Place of Business % ROBERT P. HOLD 1600 SUMMERLAND AVENUE WINTER PARK, FL 32789		Mailing Address % ROBERT P. HOLD 1600 SUMMERLAND AVENUE WINTER PARK, FL 32789					
		Dept. Section 1. Secti		02172005	No Chg-P	CR2E034 (1	
Ē	OO NOT WRITE	IN THIS SPA	CE	4. FEI Numbe 59-3077	r 7034		Applied For Not Applicable
	6. Name and Address of Current Re	relatored Agent	C ECTURE -	5. Certificate	of Status Desired	□ \$8.7 Fee R	5 Additional equired
				NOT W HIS SP	ACE	£ · · · ·	
the obligat	named entity submits this statement for the	ne purpose of changing its register	ed office or register	ed agent, or both	n, in the State of Flo	rīda. I am familia	r with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: Rogistere	d Agent signature required	When reinstating)		DATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution.		00 May Be ed to Fees			
10.	ÖFFICERS AND DI	RECTORS				กกกกวงเรีย	38
NAME STREET ADDRESS CITY-ST-ZIP	D HOLD, ROBERT P. 1600 SUMMERLAND AVE. WINTER PARK, FL		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The second secon	05\58	100002 45 98 1705-80048	5 ² 015 150.00
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TITLE NAME STREET ADDRESS			The second of th	Age and all and a second and a	Section 1. The second		71

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information inclicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 mame appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

GUSTURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EB 23,05 40+-691-05