

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # N00000006702	
1. Entity Name PROJECT FOR APPLIED MEDIA STUDIES, INC.	



Principal Place of Business 1080 MILANO DR. NAPLES, FL 34103	Mailing Address 1080 MILANO DR. NAPLES, FL 34103
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01172004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number NOT APPLICABLE	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  WRIGHT, STEPHEN C 1080 MILANO DR. NAPLES, FL 34103
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 <u>Stephen Wright</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE <u>1-17-04</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WRIGHT, STEPHEN 1080 MILANO DR. NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WRIGHT, JODIE 1080 MILANO DR. NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIGGETT, KAY 316 SUGAR PINE LANE NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000009125 01/20/04-90093-001 61.25
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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 617, 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: <u>Stephen Wright President</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <u>1-17-04</u> <small>Daytime Phone # <u>236.263-3767</u></small>