


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90046 016 \*\*\*\*61.25

<b>DOCUMENT #</b> N00000007844	
<b>1. Entity Name</b> MEDIA PROFESSIONALS OF FLORIDA, INC.	

<b>Principal Place of Business</b> 573 SOUTH DUNCAN AVENUE CLEARWATER FL 33756	<b>Mailing Address</b> 573 SOUTH DUNCAN AVENUE CLEARWATER FL 33756
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>City &amp; State</b>	<b>City &amp; State</b>
<b>Zip</b>	<b>Country</b>

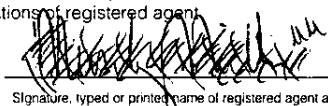
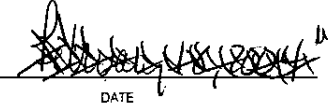


MOORE CR2E037 (11/03)

<b>4. FEI Number</b> 91-2088333	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>  MILLER, MERRILY 1332 YULEE DRIVE CLEARWATER FL 33764	<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.**

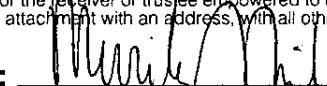
SIGNATURE  DATE 

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> TD	<b>NAME</b> MILLER, MERRILY P <b>STREET ADDRESS</b> 573 SOUTH DUNCAN AVENUE <b>CITY-ST-ZIP</b> CLEARWATER FL 33756	<input type="checkbox"/> Delete	<b>TITLE</b> D
<b>TITLE</b> SD	<b>NAME</b> PETERSON, MARK <b>STREET ADDRESS</b> 573 SOUTH DUNCAN AVENUE <b>CITY-ST-ZIP</b> CLEARWATER FL 33756	<input checked="" type="checkbox"/> Delete	<b>NAME</b> DAVID ROSENBLATT <b>STREET ADDRESS</b> 1332 YULEE DR <b>CITY-ST-ZIP</b> CLEARWATER, FL 33764
<b>TITLE</b> PT	<b>NAME</b> BROWN, STEVE <b>STREET ADDRESS</b> 11120 INDIAN OAKS DR. <b>CITY-ST-ZIP</b> TAMPA FL 33625	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**12. I hereby certify that the information supplied with this filing does not qualify 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 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:**  **2/18/04 727 298 0079**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #