

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 12, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # N00000007844**

1. Entity Name  
**MEDIA PROFESSIONALS OF FLORIDA, INC.**



Principal Place of Business

**573 SOUTH DUNCAN AVENUE  
CLEARWATER, FL 33756**

Mailing Address

**573 SOUTH DUNCAN AVENUE  
CLEARWATER, FL 33756**



04012005 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**91-2088333**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MILLER, MERRILY  
1332 YULEE DRIVE  
CLEARWATER, FL 33764**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
MILLER, MERRILY P  
573 SOUTH DUNCAN AVENUE  
CLEARWATER, FL 33756**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
ROSENBLATT, DAVID  
1332 YULEE DR.  
CLEARWATER, FL 33764**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PT  
BROWN, STEVE  
11120 INDIAN OAKS DR.  
TAMPA, FL 33625**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000300628  
04/12/05-80028-018 8.75

**DO NOT WRITE  
IN THIS SPACE**

000000300628  
04/12/05-80028-019 61.25

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MERRILY MILLER**

**4/04/05**

Date

**727 298 0079**

Daytime Phone #