

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 27, 2004 8:00 am**  
**Secretary of State**

09-27-2004 90003 037 \*\*\*\*61.25

**DOCUMENT # N03000008083**



**1. Entity Name**  
**DISADVANTAGED ASSOCIATES MEDIA ORGANIZATION  
FOR DEVELOPMENT AND RESEARCH, INC.**

**Principal Place of Business**  
**DAMODAR, INC.**  
**7307 SW 45TH PLACE #D**  
**GAINESVILLE, FL 32608**

**Mailing Address**  
**DAMODAR, INC.**  
**P.O. BOX 142183**  
**GAINESVILLE, FL 32614-2183**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09242004

Chg-NP

CR2E037 (10/03)

**4. FEI Number**

Applied For

☒ Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**MCLEOD, BENJAMIN R**  
**7303 SW 45TH PLACE**  
**#D**  
**GAINESVILLE, FL 32608**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**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 reinstating)

DATE

**Filing Fee is \$81.25**  
**Due by September 8, 2004**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	MCLEOD, BENJAMIN R	
STREET ADDRESS	7307 SW 45TH PLACE #D	
CITY-ST-ZIP	GAINESVILLE, FL 32608	
TITLE	DV	<input type="checkbox"/> Delete
NAME	MCGREGOR, SCOTT	
STREET ADDRESS	214 NW 14TH ST	
CITY-ST-ZIP	GAINESVILLE, FL 32603	
TITLE	DV	<input type="checkbox"/> Delete
NAME	GRIESSER, JOHN	
STREET ADDRESS	BOX 295	
CITY-ST-ZIP	ASHCROST BRITISH COLUMBIA, CA V0K1A0	
TITLE	DT	<input type="checkbox"/> Delete
NAME	LAKIC-MCLEOD, BRANISLAVA	
STREET ADDRESS	7307 SW 45TH PLACE #D	
CITY-ST-ZIP	GAINESVILLE, FL 32608	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	ALAMAZANI, BARBARA	
STREET ADDRESS	7307 SW 45TH PLACE #C	
CITY-ST-ZIP	GAINESVILLE, FL 32608	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:**

*Benjamin R. McLeod*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**BENJAMIN R. MCLEOD**

9/24/04 (352) 334-2605  
Date Daytime Phone #