

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008083

FILED  
Feb 28, 2005  
Secretary of State

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

**Current Principal Place of Business:**

DAMODAR, INC.  
7307 SW 45TH PLACE #D  
GAINESVILLE, FL 32608

**New Principal Place of Business:**

**Current Mailing Address:**

DAMODAR, INC.  
P.O. BOX 142183  
GAINESVILLE, FL 326142183

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MCLEOD, BENJAMIN R  
Address: 7307 SW 45TH PLACE #D  
City-St-Zip: GAINESVILLE, FL 32608

Title: DV ( ) Delete  
Name: MCGREGOR, SCOTT  
Address: 214 NW 14TH ST  
City-St-Zip: GAINESVILLE, FL 32603

Title: DV ( ) Delete  
Name: GRIESSER, JOHN  
Address: BOX 295  
City-St-Zip: ASHCROST BRITISH COLOMBIA, CA V0K1A0 OC

Title: DT (X) Delete  
Name: LAKIC-MCLEOD, BRANISLAVA  
Address: 7307 SW 45TH PLACE #D  
City-St-Zip: GAINESVILLE, FL 32608

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DV (X) Change ( ) Addition  
Name: MCCRAY, MELVIN  
Address: 3 AGATE COURT  
City-St-Zip: BROOKLYN, NY 11213 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BENJAMIN R. MCLEOD

CEO

02/28/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date