2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009691

FILED Mar 03, 2005 Secretary of State

Entity Name: THE HISTORIC PRESERVATION MEDIA CORP

Current Principal Place of Business: New Principal Place of Business:

595 W CHURCH ST. SUITE #737

ORLANDO, FL 32805 US

Current Mailing Address: New Mailing Address:

595 W CHURCH ST. SUITE #737

ORLANDO, FL 32805 US

FEI Number: 20-1761017 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

ROYALL, WILLIAM R JR. 595 W CHURCH ST. SUITE #737 ORLANDO, FL 32805 US

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:

Flacture Constant of Decision of Asset

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:P () DeleteTitle:P (X) Change () AdditionName:ROYALL, WILLIAM R JRName:ROYALL, WILLIAM R JRAddress:595 W CHURCH ST. SUITE #737Address:595 W CHURCH ST. SUITE #737

City-St-Zip: ORLANDO, FL 32805 City-St-Zip: ORLANDO, FL 32805 US

Title: VP () Delete Title: VP (X) Change () Addition Name: KRAJEWSKI, JACOB S Name: KRAJEWSKI, JACOB S Address: 119 OAK CREST DR.

City-St-Zip: SAFETY HARBOR, FL 34695 City-St-Zip: SAFETY HARBOR, FL 34695 US

Title: T () Delete Title: T (X) Change () Addition Name: NICHOLS, LISA M Name: NICHOLS, LISA M

Address: 4409 AVALON SUITES TERR. APT. 401 Address: 4409 AVALON SUITES TERR. APT. 401

City-St-Zip: TAMPA, FL 33613 City-St-Zip: TAMPA, FL 33613 US

Title: () Delete Title: S () Change (X) Addition

Name:Name:STAGNER, ALICIA AAddress:Address:595 W CHURCH ST. APT 737City-St-Zip:City-St-Zip:ORLANDO, FL 32805 US

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: WILLIAM R ROYALL JR P 03/03/2005