


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004 08:00 AM
Secretary of State

1. Entity Name TNT MEDIA GROUP, INC.	
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Principal Place of Business 146 N. DUNBAR AVE UNIT C OLDSMAR, FL 34677	Mailing Address P. O. BOX 2154D OLDSMAR, FL 34677
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DO NOT WRITE IN THIS SPACE



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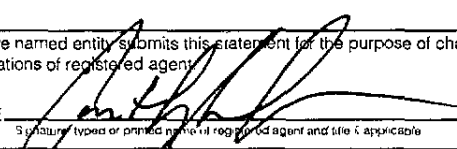
4. FEI Number 22-3698574	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Not Applicable
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6. Name and Address of Current Registered Agent ACKERMAN, TIMOTHY 146 N DUNBAR AVE UNIT C OLDSMAR, FL 34677

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: 	DATE: 1/30/04
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00	000000065313 02/25/04-80032-020 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ACKERMAN, TIMOTHY 1314 PRESERVATION WAY OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTS KELLEY, TIMOTHY J 10880 JOY LANE MINNETONKA, MN 55305
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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 607, 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	Date	Daytime Phone #
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