


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000029873 1. Entity Name FOUR CORNER MEDIA, INC.	
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Principal Place of Business 1211 WILLIAMS STREET SECOND FLOOR ATLANTA, GA 30309	Mailing Address 2720 COLONAL DRIVE NE TUSCALOOSA, AL 35404
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02212005 No Chg-P CR2E034 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent HOROWITZ, MITCHELL I 501 E. KENNEDY BLVD. SUITE 1700 TAMPA, FL 33602
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROBERTS, LAWRENCE A JR. 27 ROANOKE AVE. ATLANTA, GA 30305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD JUNKIN, MARTHA 2720 COLONIAL DRIVE NE TUSCALOOSA, AL 35404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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U000000250694
03/04/05-80021-010 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 MARTHA JUNKIN, Sec. X 2/28/05 (805) 553 9422
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #