2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 8:00 am
Secretary of State
04-01-2005 90012 002 ***150.00

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1. Entity Name
TERAMAR MEDIA INC.

Principal Place of Business	Mailing Address
5841 CORPORATE WAY SUITE 102 WEST PALM BEACH, FL 33407	5841 CORPORATE WAY SUITE 102 WEST PALM BEACH, FL 33407

03282005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
400 EXECUTIVE CTR DR	400 EXECUTIVE CTR DR
Suite, Apt #, etc. Suite 106	Suite, Apt #, etc. Suite 106
City & State West Palm Beach, Fl	City & State West Palm Beach, Fl
Zip 33401 Country USA	Zip 33401 Country

4. FEI Number 65-0995158 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ABRISHAMI, MARGARITA P
5841 CORPORATE WAY
SUITE 102
WEST PALM BEACH, FL 33407

7. Name and Address of New Registered Agent

Name ABRISHAMI, MARGARITA P.
Address 400 EXECUTIVE CTR DR
Suite 106
City West Palm Beach FL 33401

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 MARGARITA P. ABRISHAMI President 3/29/2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABRISHAMI, BAHRAM A 15315 79TH TERR. NORTH PALM BEACH GARDENS, FL 33418 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ABRISHAMI, MARGARITA P 15315 79TH TERR. NORTH PALM BEACH GARDENS, FL 33418 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition

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 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 #