


**2004 FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000050333 1. Entity Name DESKTOP MEDIA GROUP, INC.	
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Principal Place of Business 25400 US HWY 19 N STE 137 CLEARWATER, FL 33763	Mailing Address 25400 US HWY 19 N STE 137 CLEARWATER, FL 33763
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03292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3658393	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ESQUIVEL, JULIO C 101 E KENNEDY BLVD STE 2800 TAMPA, FL 33602

**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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

U00000108045

04/09/04-80039-011 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD LAGAMBA, WILLIAM L 25400 US HWY 19 N STE 137 CLEARWATER, FL 33763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TCD PATRICK, RONALD J 25400 US HWY 19 N STE 137 CLEARWATER, FL 33763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TANEJA, JUGAL K 25400 US HWY 19 N STE 137 CLEARWATER, FL 33763
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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)(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:  William LaGamba
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # 721-533-0431