


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90438 023 ***150.00

DOCUMENT # P00000080636 1. Entity Name JP MEDIA, INC.																													
Principal Place of Business 6406 PROCTOR RD TALLAHASSEE, FL 32309			Mailing Address 6406 PROCTOR RD TALLAHASSEE, FL 32309																										
2. Principal Place of Business 28 Old Post Rd. Suite, Apt. #, etc.			3. Mailing Address 28 Old Post Rd. Suite, Apt. #, etc.																										
City & State Longwood, FL Zip 32779		City & State Longwood, FL Zip 32779		4. FEI Number 59-3666775																									
Country Seminole		Country Seminole		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent PRESCOTT, JOHN E JR. 6404 PROCTOR RD TALLAHASSEE, FL 32309				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																									
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 <u><i>John Prescott</i></u> DATE <u>3-1-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
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 May Be Added to Fees																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">PD PRESCOTT, JOHN E JR</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>6404 PROCTOR RD</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>TALLAHASSEE, FL 32309</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	PD PRESCOTT, JOHN E JR	<input type="checkbox"/> Delete	NAME	6404 PROCTOR RD		STREET ADDRESS	TALLAHASSEE, FL 32309		CITY-ST-ZIP			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">Prescott, John E. Jr.</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>28 Old Post Rd.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>Longwood, FL 32779</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	Prescott, John E. Jr.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	28 Old Post Rd.		STREET ADDRESS	Longwood, FL 32779		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)(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: <u><i>John Prescott</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>3-1-04</u> Daytime Phone # <u>850-321-465</u>																									