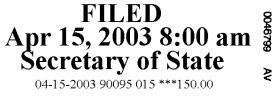
## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) P00000080636 **DOCUMENT #** 1. Entity Name



JP MEDIA	A, INC.					
Principal Place 6404 PROCTO TALLAHASSEI		Mailing Address 6404 PROCTOR RD TALLAHASSEE FL 32309				
2. Principal Place of Business 6404 Roctor Suite, Apt. #, etc.		3. Mailing Address CHOG Proctor RD. Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State Tallahassee FL		City & State Tallahassee FL		4. FEI Number 59-3666775	Applied For  Not Applicable	
Zip 3230		Zip 32309	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current F	Registered Agent	Nome	7. Name and Address of New Registered	Agent	
PRESCOT	T, JOHN E JR.		Name	·		
6404 PROCTOR RD			Street Address	Street Address (P.O. Box Number is Not Acceptable)		
TALLAHASSEE FL 32309						
			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  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	r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of	State		Selection Campaign Financing     Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND [	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRESCOTT, JOHN E JR 6404 PROCTOR RD TALLAHASSEE FL 32309	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS		,	
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ر فامست فعیر از ایا ده	Delete .	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		Changer -  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	
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:

QUIRED