

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90093 006 ***150.00

DOCUMENT # P00000097940 1. Entity Name JLC MEDIA, INC.																													
Principal Place of Business 10859 EMERALD COAST PKWY. #4229 DESTIN, FL 32550			Mailing Address 10859 EMERALD COAST PKWY. #4229 DESTIN, FL 32550																										
2. Principal Place of Business 4507 Furling Ln. Suite, Apt. #, etc. #302 Destin, FL 32541		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																											
4. FEI Number 59-3686740		Applied For <input type="checkbox"/> Not Applicable		04152004 Chg-P CR2E034 (10/03)																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																											
6. Name and Address of Current Registered Agent CAMPBELL, JOHNATHAN 340 OLD HWY 98 #23 DESTIN, FL 32550			7. Name and Address of New Registered Agent Name Jonathan Campbell Street Address (P.O. Box Number is Not Acceptable) 4507 Furling Ln. #302 Destin FL 32541																										
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 the registered agent. SIGNATURE <small>Signature typed or printed name of registered agent and fee, 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: 30%;">TITLE</td> <td style="width: 40%;">D</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CAMPBELL, JONATHAN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>340 OLD HIGHWAY 98 #23</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>DESTIN, FL 32550</td> <td></td> </tr> </table>			TITLE	D	<input type="checkbox"/> Delete	NAME	CAMPBELL, JONATHAN		STREET ADDRESS	340 OLD HIGHWAY 98 #23		CITY - ST - ZIP	DESTIN, FL 32550		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4/15/04 Daytime Phone # 850-650-7705																										