


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2004 8:00 am
Secretary of State

01-16-2004 90014 001 ***150.00

DOCUMENT # P00000103892					
1. Entity Name CELEBRATION NEW MEDIA, INC.					
Principal Place of Business 1809 E. BROADWAY STE. 191 OVIEDO, FL 32765			Mailing Address 4464 MARKHAM ST SUITE 2301 VICTORIA, BRITISH COLUMBIA, CA v8z-7x8		
2. Principal Place of Business		3. Mailing Address 1809 E. BROADWAY			
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE 191			
City & State		City & State OVIEDO FLORIDA			
Zip	Country	Zip	Country	4. FEI Number 75-2997242	
32765	USA	32765	USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FLORIDA COMPLIANCE SPECIALISTS, INC. 2331 HANSEN PLACE TALLAHASSEE, FL 32301			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D	NAME GARDNER PONCIA, ROBIN		TITLE DIRECTOR	NAME GARDNER PONCIA, ROBIN	
STREET ADDRESS 875 GARDNER PLACE	CITY-ST-ZIP VICTORIA, BRITISH COLUMBIA, CA v8y 3g7		STREET ADDRESS 1899 HOLT RD	CITY-ST-ZIP PERRY FLORIDA 32348	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 <u>January 12/04</u> <small>Daytime Phone #</small>		