


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 18, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000116532</b> 1. Entity Name THE MEREDITH MANAGEMENT GROUP, INC.	
---	---

Principal Place of Business 8181 COACHLIGHT CIR. SEMINOLE, FL 33776	Mailing Address 8181 COACHLIGHT CIR. N. SEMINOLE, FL 33776
---	--

<b>DO NOT WRITE IN THIS SPACE</b>
-----------------------------------



03152004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3688075	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  WEBER, PEGGY 8181 COACHLIGHT CIR. N. SEMINOLE, FL 33776	<b>DO NOT WRITE IN THIS SPACE</b>
--	---------------------------------------

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be</b> <b>Added to Fees</b>	U000000091492 03/18/04-80011-015 150.00
---	---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NEUMANN, TOM 8181 COACHLIGHT CIR. N. SEMINOLE, FL 33776
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST WEBER, PEGGY 8181 COACHLIGHT CIR. N. SEMINOLE, FL 33776
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WEBER, JAMES J JR 8181 COACHLIGHT CIR. N. SEMINOLE, FL 33776
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
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:** Tom Neumann **3/15/04** **610 725 8286**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #