

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90189 014 ***150.00

DOCUMENT # P01000004544 1. Entity Name 3RC MEDIA, INC.			
Principal Place of Business 313 IRIS ST. ANNA MARIA FL 34216		Mailing Address P.O. BOX 764 ANNA MARIA FL 34216	
2. Principal Place of Business 512 Bayview Place Suite, Apt. #, etc.	3. Mailing Address PO BOX 764 Suite, Apt. #, etc.	 1st MOORE CR2E034 (10/05)	
City & State Anna Maria FL	City & State Anna Maria FL		
Zip 34216	Zip 34216		
Country	Country		
4. FEI Number 65-1067173		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
6. Name and Address of Current Registered Agent MARTIN, JACOB 313 IRIS ST. ANNA MARIA FL 34216			
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)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution. ☐	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D MARTIN, JACOB 313 IRIS ST. ANNA MARIA FL 34216	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date		Daytime Phone #	