2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000012169

Address:

City-St-Zip:

FILED Jan 07, 2004 Secretary of State

Entity Name: EMERGE MEDIA INC **Current Principal Place of Business: New Principal Place of Business:** 907 E. WASHINGTON ST. ORLANDO, FL 32801 **Current Mailing Address: New Mailing Address:** 1912 CARRIGAN AVE 907 E. WASHINGTON ST. WINTER PARK, FL 32792 ORLANDO, FL 32801 FEI Number: 59-3697089 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KEELING, HELEN M KEELING-NEAL, HELEN M 1912 CARRIGAN AVE 2655 N. LAKEMONT AVE WINTER PARK, FL 32792 WINTER PARK, FL 32792 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. SIGNATURE: HELEN KEELING-NEAL 01/07/2004 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition KEELING-NEAL, HELEN Name: Name: 1912 CARRIGAN AVE Address: Address: City-St-Zip: WINTER PARK, FL 32792 City-St-Zip: Title: Title: () Delete () Change () Addition COMBS, RAY E Name: Name: 1212 GUERNSEY STREET Address: Address: ORLANDO, FL 32804 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition GAUBATZ, BRENT E Name: Name: 3605 SUMMERWIND DRIVE Address: Address: City-St-Zip: WINTER PARK, FL 32792 City-St-Zip: Title: () Delete Title: () Change (X) Addition FONTANEZ, VICTOR E Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

5270 MILLENIA BLVD

ORLANDO, FL 32839

SIGNATURE: VICTOR FONTANEZ D 01/07/2004