

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000075425

FILED
Jun 25, 2004
Secretary of State

Entity Name: ATEX MEDIA COMMAND INCORPORATED

Current Principal Place of Business:

ATTN: LAUREN CAREY
24 CROSBY DRIVE
BEDFORD, MA 01730

New Principal Place of Business:

5445 W. CYPRESS STREET
SUITE 300
TAMPA, FL 33607

Current Mailing Address:

ATTN: LAUREN CAREY
24 CROSBY DRIVE
BEDFORD, MA 01730

New Mailing Address:

FEI Number: 59-3736059 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: BANNER, ROBERT
Address: 5445 WEST CYPRESS STREET
City-St-Zip: TAMPA, FL 33607

Title: P () Delete
Name: FROELICH, JOANN
Address: 5445 WEST CYPRESS STREET
City-St-Zip: TAMPA, FL 33607

Title: T () Delete
Name: MCGOVERN, PETERLA
Address: 5445 WEST CYPRESS STREET
City-St-Zip: TAMPA, FL 33607

Title: S () Delete
Name: NACE, ROBERT
Address: 5445 WEST CYPRESS ST
City-St-Zip: TAMPA, FL 33607

Title: D () Delete
Name: FAUNCE, NANCY
Address: 24 CROSBY DRIVE
City-St-Zip: BEDFORD, MA 01730

Title: D () Delete
Name: BANNER, ROBERT
Address: 5445 WEST CYPRESS DR
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: HAWKINS, JOHN
Address: 5445 WEST CYPRESS STREET
City-St-Zip: TAMPA, FL 33607

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: MCGOVERN, PETER A
Address: 5445 WEST CYPRESS STREET
City-St-Zip: TAMPA, FL 33607

Title: S (X) Change () Addition
Name: DWARIKA, SARAH
Address: 5445 WEST CYPRESS ST
City-St-Zip: TAMPA, FL 33607

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: NANCY FAUNCE

D

06/25/2004

Electronic Signature of Signing Officer or Director

_____ Date