


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90053 024 \*\*\*150.00

<b>DOCUMENT # P01000118535</b>	
1. Entity Name <b>FLORIDA MEDIA VENTURES, INC.</b>	

Principal Place of Business <b>7774 RINEHART DR. Rinehart Dr.</b> <b>BOYNTON BEACH FL 33437</b>	Mailing Address <b>7774 RINEHART DR. Rinehart Dr.</b> <b>BOYNTON BEACH FL 33437</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent	
<b>ROSEMARY, SHORE</b> <b>7774 RINEHART DR. Rinehart Dr.</b> <b>BOYNTON BEACH FL 33437</b>	

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.

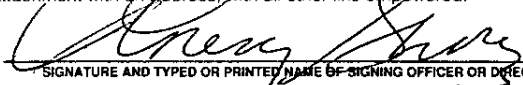
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE	DP <input type="checkbox"/> Delete
NAME	SHORE, ROSEMARY
STREET ADDRESS	7774 RINEHART DR. Rinehart Dr.
CITY-ST-ZIP	BOYNTON BEACH FL 33437
TITLE	T <input type="checkbox"/> Delete
NAME	SHORE, DAVID Rinehart Dr.
STREET ADDRESS	7774 RINEHART DR.
CITY-ST-ZIP	BOYNTON BEACH FL 33437
TITLE	V <input type="checkbox"/> Delete
NAME	SHAVITZ, LISA SUE Rinehart Dr.
STREET ADDRESS	7774 RINEHART DR.
CITY-ST-ZIP	BOYNTON BEACH FL 33437
TITLE	S <input type="checkbox"/> Delete
NAME	SHORE, HARVEY Rinehart Dr.
STREET ADDRESS	7774 RINEHART DR.
CITY-ST-ZIP	BOYNTON BEACH FL 33437
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	7774 Rinehart Dr.
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:**  **2/01/04** **561-742-8400**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #