2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000033002

REISS, ANDRÉW

NAPLES, FL 34109

7085 TIMBERLAND CIR

Name:

Address:

City-St-Zip:

Entity Name: ADVANTAGE MEDIA MANAGEMENT INC

FILED Apr 11, 2005 Secretary of State

_many man		ACE MEDIA (MANCEMENT), III	, 10 .		
Current P	rincipal Place	e of Business:	New Principal Place of Business:		
P O BOX 4 CAPTIVA I	45 ISLAND, FL 3	3924			
Current M	lailing Addre	ss:	New Mailing Address:		
P O BOX 4 CAPTIVA I	45 ISLAND, FL 3	3924			
FEI Number	: 04-3632851	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Addres	Name and Address of New Registered Agent:	
REISS, ANDREW H 821 5TH AVE S, SUITE 201 NAPLES, FL 34102 US			821 5TH AVE S, SUITE 201		
	e named entity e of Florida.	submits this statement for the p	urpose of changing its regist	ered office or registered agent, or both,	
SIGNATURE:				04/11/2005	
	Electro	nic Signature of Registered Age	nt	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHAI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD (REISS, MARK P O BOX 45 CAPTIVA ISLA		Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	VSD (REISS, VIRGIN P O BOX 45 CAPTIVA ISLA		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD (REISS, A GER 3215 DOCKSII COOPER CITY	DE DR	Title: Name: Address: City-St-Zip:	() Change() Addition	
Title:	D () Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: ANDREW REISS D 04/11/2005