2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # P02000066004

1. Entity Name

MAGAZINE SYSTEMS, INC.



Principal Place of Business

SIGNATURE:

1401 EAST BROWARD BOULEVARD

SUITE 300

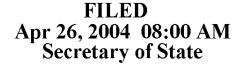
FORT LAUDERDALE, FL 33301

Mailing Address

1401 EAST BROWARD BOULEVARD

SUITE 300

FORT LAUDERDALE, FL 33301





04082004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-1144108

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

J. PATRICK DYAL 1401 EAST BROWARD BOULEVARD SUITE 300 FORT LAUDERDALE, FL 33301

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	named entity submits this statement for the patient of registered agent.	purpose of changing its registere	ed office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	if spoilcable. (NOTE: Recustore	d Agent signature	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRE	CTORS		· · · · · · · · · · · · · · · · · · ·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEVENS, WALTER 2155 NORTH STATE ROAD 7 MARGATE, FL 33063		U00000130121 04/26/04-80106-001 158.75		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					1 / doi 1 / doi 10 / doi 100 / 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE 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.

THE ART TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR