2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004
Secretary of State

DOCUMENT# P02000070129

Entity Name: WORD MEDIA AND PRODUCTION, INC.

Current Principal Place of Business:

P.O. BOX 162292
ALTAMONTE SPRINGS, FL 32716

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 162292
ALTAMONTE SPRINGS, FL 32716

New Mailing Address:

FEI Number: 02-0622061 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MULLEN, MICHAEL W
516 RAMSDELL AVENUE
ALTAMONTE SPRINGS, FL 32714

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: PT ( ) Delete
Name: MULLEN, MICHAEL W
Address: P.O. BOX 162292
City-St-Zip: ALTAMONTE SPRINGS, FL 32716

Title: V ( ) Delete
Name: MULLEN, DENISE J
Address: 516 RAMSDELL AVENUE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: S ( ) Delete
Name: MULLEN, CURTIS R
Address: 3616 EAST WASHINGTON STREET
City-St-Zip: INDIANAPOLIS, IN 46201

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change ( ) Addition
Name: MULLEN, CURTIS R
Address: P.O. BOX 633
City-St-Zip: CARMEL, IN 46082

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: MICHAEL MULLEN PT 04/29/2004

Electronic Signature of Signing Officer or Director — Date