2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 23, 2004 8:00 am
Secretary of State
06-23-2004 90002 022 ***150.00

DOCUMENT # P02000080469

1. Entity Name
AQUARI MEDIA, INC.

Principal Place of Business	Mailing Address
~~6436 RAVENGLASS WAY~~ ~~SARASOTA, FL 34241~~	~~6436 RAVENGLASS WAY~~ ~~SARASOTA, FL 34241~~

94058512

06182004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1460 Main Street	PO Box 3049
Suite, Apt. #, etc. Suite # 4	Suite, Apt. #, etc.
City & State Sarasota fl	City & State Sarasota fl
Zip 34236 Country US A	Zip 34230-3049 Country US A

4. FEI Number
61-1418440
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JOHNSTON, MARIE 6436 RAVENGLASS WAY SARASOTA, FL 34241	Name: MARIE REISS 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: MARIE REISS Marie Reiss 6/18/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00 **Due by September 8, 2004**	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MANSFIELD, JENNIFER ~~184TH STREET SUITE #1~~ ~~BROOKLYN, NY 11231~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 4722 Stevens Drive Sarasota Fl 34234
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MANSFIELD, DONNA 5145 NORTHRIDGE RD. #202 SARASOTA, FL 34238	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MANSFIELD, NICHOLAS ~~184TH STREET SUITE #1~~ ~~BROOKLYN, NY 11231~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 5145 Northridge Rd #202 Sarasota Fl 34238
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ~~JOHNSTON, MARIE~~ 6436 RAVENGLASS WAY SARASOTA, FL 34241	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition MARIE REISS
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Marie Reiss 6/18/04 941-552-0559
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Sept 24