


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90076 032 \*\*\*150.00

**DOCUMENT # P02000091206**

1. Entity Name  
**EVENTS MEDIA IMAGE GROUP, INC.**



Principal Place of Business  
**1033 NW 31ST AVENUE  
 POMPAÑO BEACH, FL 33069**

Mailing Address  
**1133 BOCA COVE LANE  
 HIGHLAND BEACH, FL 33487**



03232004 Chg-P CR2E034 (10/03)

2. Principal Place of Business  
**1301 N. Riverside DR  
 # 17**

3. Mailing Address  
**1301 N. Riverside DR.  
 # 7**

City & State  
**Pompano Beach, FL**

City & State  
**Pompano Beach, FL**

Zip  
**33062**

Country  
**USA**

4. FEI Number  
**04-3708976**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**HARTMANIS, CAROL  
 1133 BOCA COVE LANE  
 HIGHLAND BEACH, FL 33487**

7. Name and Address of New Registered Agent  
 Name  
**Carol Hartmanis**  
 Street Address (R.O. Box Number is Not Acceptable)  
**1301 N. Riverside DR # 7**  
**Pompano Beach**  
 City  
**FL** Zip Code  
**33062**

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 *Carol Hartmanis* DATE **3-23-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

| 10. OFFICERS AND DIRECTORS                             |  |
|--|--|
| TITLE<br><b>P</b>                                      | <input type="checkbox"/> Delete            |
| NAME<br><b>HARTMANIS, CAROL</b>                        |  |
| STREET ADDRESS<br><b>1133 BOCA COVE LANE</b>           |  |
| CITY-ST-ZIP<br><b>HIGHLAND BEACH, FL 33487</b>         |  |
| TITLE<br><b>VP</b>                                     | <input type="checkbox"/> Delete            |
| NAME<br><b>GARBER, ELAYNE</b>                          |  |
| STREET ADDRESS<br><b>5265 NW 54TH STREET</b>           |  |
| CITY-ST-ZIP<br><b>COCONUT CREEK, FL 33073</b>          |  |
| TITLE<br><b>T</b>                                      | <input checked="" type="checkbox"/> Delete |
| NAME<br><b>WAVE, LANCE A</b>                           |  |
| STREET ADDRESS<br><b>470 EXECUTIVE CENTER DR. #5 H</b> |  |
| CITY-ST-ZIP<br><b>WEST PALM BEACH, FL 33401</b>        |  |
| TITLE<br><b>S</b>                                      | <input type="checkbox"/> Delete            |
| NAME<br><b>HARTMANIS, ELENA</b>                        |  |
| STREET ADDRESS<br><b>1133 BOCA COVE LANE</b>           |  |
| CITY-ST-ZIP<br><b>HIGHLAND BEACH, FL 33487</b>         |  |
| 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<br><b>S/T</b>                                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>Hartmanis, Carol</b>                       |  |
| STREET ADDRESS<br><b>1301 N. Riverside DR # 7</b>     |  |
| CITY-ST-ZIP<br><b>Pompano Beach, FL, 33062</b>        |  |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  |  |
| STREET ADDRESS  |  |
| CITY-ST-ZIP   |  |
| TITLE<br><b>P</b>                                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>Elena Hartmanis</b>                        |  |
| STREET ADDRESS<br><b>1301 N. Riverside Dr. # 7</b>    |  |
| CITY-ST-ZIP<br><b>Pompano Beach, FL, 33062</b>        |  |
| 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: *Carol Hartmanis* **Carol Hartmanis** DATE: **3-23-04** DAYTIME PHONE #: **561-909-0236**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #