


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000092187	
1. Entity Name GLOBAL MEDIA MARKETING, INC.	

Principal Place of Business 1118 N COLLIER BLVD MARCO ISLAND, FL 34145	Mailing Address 27200 RIVERVIEW CNTR., BLVD. #109 BONITA SPRINGS, FL 34134 US
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**DO NOT WRITE IN THIS SPACE**

03222005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3590595	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEEER, ROBERT  
27200 RIVERSVIEW CENTER BLVD.  
#109  
BONITA SPRINGS, FL 34134

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent Signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	ST LEEER, ROBERT B 27200 RIVERSIDE CENTER BLVD, #109 BONITA SPRINGS, FL 34134
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P NORGREN, DAWNETTE M 10 MOREWOOD ST. MOUNT PLEASANT, PA 15666
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP NORGREN, DERIC 10 MOREWOOD ST. MOUNT PLEASANT, PA 15666
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	

U000000287401  
04/04/05-80070-001 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Robert Leebere 3/30/05 239-498-1180

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #