

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000113776

Entity Name: POP ADMEDIA, INC.

FILED
Apr 15, 2005
Secretary of State

Current Principal Place of Business:

1043 S.W. WILLOW LANE
PALM CITY, FL 34990

New Principal Place of Business:

Current Mailing Address:

1043 S.W. WILLOW LANE
PALM CITY, FL 34990

New Mailing Address:

FEI Number: 60-0003937

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SITCOV, MITCHELL
1043 S.W. WILLOW LANE
PALM CITY, FL 34990 US

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: D () Delete
Name: SITCOV, MITCHELL
Address: 1043 S.W. WILLOW LANE
City-St-Zip: PALM CITY, FL 34990

Title: D () Delete
Name: BARCLAY-SITCOV, CATHY
Address: 1043 S.W. WILLOW LANE
City-St-Zip: PALM CITY, FL 34990

Title: D () Delete
Name: STOSKOPF, ANN M
Address: 95 DURHAM ST.
City-St-Zip: MARIETTA, GA 30064

Title: D () Delete
Name: SHECHET, DAVID
Address: 175 ALAIMO DRIVE
City-St-Zip: ROCHESTER, NY 14625

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: STOSKOPF, ANN M
Address: 47 NOSES CREEK ROAD
City-St-Zip: MARIETTA, GA 30064

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

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: ANN M. STOSKOPF

D

04/15/2005

Electronic Signature of Signing Officer or Director

Date