


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90214 031 ***150.00

DOCUMENT # P02000118285

1. Entity Name
MEDIA ANALYSIS PLUS, INC.



Principal Place of Business
**3680 IRONWOOD CIRCLE
 BLDG. L #302
 BRADENTON, FL 34209**

Mailing Address
**3680 IRONWOOD CIRCLE
 BLDG. L #302
 BRADENTON, FL 34209**

44044370



2. Principal Place of Business
3255 APPLETON DRIVE
 Suite, Apt. #, etc.
TALLAHASSE FLORIDA
 City & State
32311 USA.
 Zip Country

3. Mailing Address
3255 APPLETON DRIVE
 Suite, Apt. #, etc.
TALLAHASSE, FLORIDA
 City & State
32311 USA.
 Zip Country

04242004 Chg-P CR2E034 (10/03)

4. FEI Number
05-0540048

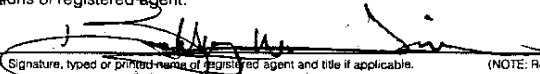
Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
FRANKLIN, BOB W
3680 IRONWOOD CIRCLE
BLDG. L #302
BRADENTON, FL 34209

7. Name and Address of New Registered Agent
 Name
FRANKLIN, BOBBY W.
 Street Address (P.O. Box Number is Not Acceptable)
3255 APPLETON DRIVE
TALLAHASSE FL 32311
 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  DATE **4/29/04**

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	PD	<input type="checkbox"/> Delete
NAME	FRANKLIN, BOBBY W	
STREET ADDRESS	3680 IRONWOOD CIRCLE	
CITY-ST-ZIP	BRADENTON, FL 34209	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FRANKLIN, KATHRYN S	
STREET ADDRESS	3680 IRONWOOD CIRCLE	
CITY-ST-ZIP	BRADENTON, FL 34209	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANKLIN, BOBBY W.	
STREET ADDRESS	3255 APPLETON DRIVE	
CITY-ST-ZIP	TALLAHASSE, FL 32311	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANKLIN, KATHRYN S.	
STREET ADDRESS	3255 APPLETON DRIVE	
CITY-ST-ZIP	TALLAHASSE, FL 32311	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:  DATE **4/29/04** (850) 878-2054 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR