


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
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44044370



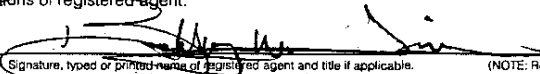
2. Principal Place of Business 3255 APPLETON DRIVE Suite, Apt. #, etc. TALLAHASSE FLORIDA City & State 32311 USA. Zip Country	3. Mailing Address 3255 APPLETON DRIVE Suite, Apt. #, etc. TALLAHASSE, FLORIDA City & State 32311 USA. Zip Country
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04242004 Chg-P CR2E034 (10/03)

4. FEI Number 05-0540048	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 State Zip Code
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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**

(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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRANKLIN, BOBBY W 3680 IRONWOOD CIRCLE BRADENTON, FL 34209 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRANKLIN, BOBBY W. 3255 APPLETON DRIVE TALLAHASSE, FL 32311 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FRANKLIN, KATHRYN S 3680 IRONWOOD CIRCLE BRADENTON, FL 34209 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FRANKLIN, KATHRYN S. 3255 APPLETON DRIVE TALLAHASSE, FL 32311 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  DATE **4/29/04** (850) 878-2054

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR