2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

Apr 05, 2004 8:00 am Secretary of State DOCUMENT # P03000008818 1. Entity Name 04-05-2004 90018 038 ***150.00 M D MEDIA CORP., INC. Principal Place of Business Mailing Address 1749 JACOBS ROAD 1749 JACOBS ROAD 54026563 SOUTH DAYTONA FL 32119 **SOUTH DAYTONA FL 32119** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) MOORE City & State City & State Applied For 2090344 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required '6."Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name YATES, MICHAEL D Street Address (P.O. Box Number is Not Acceptable) 1749 JÁCOBS ROAD SOUTH DAYTONA FL 32119 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. D TITLE ☐ Delete TITLE ☐ Change Addition NAME YATES, MICHAEL D NAME 1749 JACOBS ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SOUTH DAYTONA FL 32119 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 further exempts are 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.

FILED

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