

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2004 8:00 am
Secretary of State

03-29-2004 90402 017 ***150.00

DOCUMENT # P03000010456

1. Entity Name

ALTERNATIVE MEDIA GROUP, INC.



Principal Place of Business

132 EAST COLONIAL DRIVE
211
ORLANDO FL 32801

Mailing Address

132 EAST COLONIAL DRIVE
211
ORLANDO FL 32801

2. Principal Place of Business

1830 GREYSTONE TRL

Suite, Apt. #, etc.

3. Mailing Address

1830 GREYSTONE TRL

Suite, Apt. #, etc.

00414001



MOORE CR2E034 (11/03)

City & State

ORLANDO, FL

Zip
32818

Country
USA

City & State

ORLANDO, FL

Zip
32818

Country
USA

4. FEI Number

55-0816747

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ASHLEY, MARIBETH
132 EAST COLONIAL DRIVE
211
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PTS ☐ Delete
NAME MARTIN, ALAIN
STREET ADDRESS 132 EAST COLONIAL DRIVE, SUITE 211
CITY-ST-ZIP ORLANDO FL 32801

TITLE V ☐ Delete
NAME MARTIN, THIANY M
STREET ADDRESS 132 EAST COLONIAL DRIVE, SUITE 211
CITY-ST-ZIP ORLANDO FL 32801

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTS ☒ Change ☐ Addition
NAME MARTIN, ALAIN
STREET ADDRESS 1830 GREYSTONE TRL
CITY-ST-ZIP ORLANDO, FL 32818

TITLE V ☒ Change ☐ Addition
NAME MARTIN, THIANY M
STREET ADDRESS 1830 GREYSTONE TRL
CITY-ST-ZIP ORLANDO, FL 32818

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Thiany Martin* THIANY MARTIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/25/04 (407)3756455

Date

Daytime Phone #