

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000041561

Entity Name: OUTGATE MEDIA, INC.

FILED  
Jan 05, 2005  
Secretary of State

## Current Principal Place of Business:

9821 CONNECTICUT STREET  
BONITA SPRINGS, FL 34135

## New Principal Place of Business:

## Current Mailing Address:

9821 CONNECTICUT STREET  
BONITA SPRINGS, FL 34135

## New Mailing Address:

FEI Number: 20-0003164

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GODFREY, WAYNE  
9821 CONNECTICUT STREET  
BONITA SPRINGS, FL 34135 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: GODFREY, WAYNE  
Address: 9821 CONNECTICUT STREET  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D ( ) Delete  
Name: GODFREY, LISA  
Address: 9821 CONNECTICUT STREET  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D ( ) Delete  
Name: REASER, ROB  
Address: ROUTE 1, BOX 268  
City-St-Zip: MOATSVILLE, WV 26405

Title: D ( ) Delete  
Name: LEPAGE, MIKE  
Address: 1430 N WILSON AVENUE, APT 111  
City-St-Zip: BARTOW, FL 33830

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change ( ) Addition  
Name: LEPAGE, MIKE  
Address: 12716 SW CR 346  
City-St-Zip: ARCHER, FL 32618

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: LISA GODFREY

D

01/05/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date