

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 23, 2004 8:00 am**  
**Secretary of State**

06-23-2004 90002 029 \*\*\*150.00

DOCUMENT # P03000062695

1. Entity Name  
ON LIVE, INC.



Principal Place of Business  
13212 E. COLONIAL DRIVE  
STE. C1B  
ORLANDO, FL 32826

Mailing Address  
13212 E. COLONIAL DRIVE  
STE. C1B  
ORLANDO, FL 32826



2. Principal Place of Business

1025 S. SEMORAN BLVD

Suite, Apt. #, etc.

SUITE 1093

City & State

WINTER PARK FL

Zip

32792

Country

U.S.

3. Mailing Address

1025 S. SEMORAN BLVD

Suite, Apt. #, etc.

SUITE 1093

City & State

WINTER PARK FL

Zip

32792

Country

05072004

Chg-P

CR2E034 (10/03)

4. FEI Number

54-2114767

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145

Name

JOHN D. MARTINEZ

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

1025 S. SEMORAN BLVD

City

WINTER PARK

FL

Zip Code

32792

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**  
**Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	MARTINEZ, JOHN D	
STREET ADDRESS	13212 E. COLONIAL DRIVE, STE. C1B	
CITY-ST-ZIP	ORLANDO, FL 32826	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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:

*J.D. Martinez*

JOHN D. MARTINEZ PSTD

6/6/04

407-677-3146

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ON-LIVE, INC

54 2114767

54058505

www.sunbiz.org

Division of Corporations

Receipt

Attachment

P03000062695

Your data entry is complete. This is your receipt page. Please print and retain this page for your records.

Document Number: P03000062695

Tracking Number: 700034881147

The charge for your Annual Report is  
\$150.00

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To proceed to pay for the Annual Report, press the CONTINUE button below.

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