

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2004 8:00 am
Secretary of State

02-13-2004 90007 016 ***150.00

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01272004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000071069 1. Entity Name MEDALLION PRESS, INC.																													
Principal Place of Business 505 SOUTH FLAGLER DR., STE. 1330 WEST PALM BEACH, FL 33401			Mailing Address 505 SOUTH FLAGLER DR., STE. 1330 WEST PALM BEACH, FL 33401																										
2. Principal Place of Business		3. Mailing Address																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State																											
Zip	Country	Zip	Country																										
6. Name and Address of Current Registered Agent FRIEDLAND, KIRK 505 SOUTH FLAGLER DR., STE. 1330 WEST PALM BEACH, FL 33401			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																													
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																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">PD</td> <td style="width: 10%; text-align: right;"><input checked="" type="checkbox"/> Delete</td> <td style="width: 70%;">NAME FRIEDLAND, KIRK</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="3">505 SOUTH FLAGLER DR., STE. 1330</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="3">WEST PALM BEACH, FL 33401</td> </tr> </table>			TITLE	PD	<input checked="" type="checkbox"/> Delete	NAME FRIEDLAND, KIRK	STREET ADDRESS	505 SOUTH FLAGLER DR., STE. 1330			CITY-ST-ZIP	WEST PALM BEACH, FL 33401			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">PD</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> <td style="width: 70%;">NAME Rosburg, Helen</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="3">225 Seabreeze Ave.</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="3">PAIM Beach, FL 33480</td> </tr> </table>			TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME Rosburg, Helen	STREET ADDRESS	225 Seabreeze Ave.			CITY-ST-ZIP	PAIM Beach, FL 33480		
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #