


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 01, 2004 8:00 am**  
**Secretary of State**

09-01-2004 90004 045 \*\*\*150.00

<b>DOCUMENT # P03000074184</b>	
1. Entity Name <b>DEVOTION MEDIA CORP.</b>	

Principal Place of Business <b>3259 BELLINGHAM DRIVE ORLANDO, FL 32825</b>	Mailing Address <b>3259 BELLINGHAM DRIVE ORLANDO, FL 32825</b>
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**54071220**



2. Principal Place of Business <b>4440 METRIC DRIVE SUITE E WINTER PARK, FL. 32792 U.S.A</b>	3. Mailing Address <b>4440 METRIC DRIVE SUITE E WINTER PARK, FL. 32792 U.S.A</b>
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07222004 Chg-P CR2E034 (10/03)

4. FEI Number <b>20-0204979</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>MOSELER, JOHN-ERIK 3259 BELLINGHAM DRIVE ORLANDO, FL 32825</b>	7. Name and Address of New Registered Agent Name: <b>JOHN-ERIK MOSELER</b> Street Address (P.O. Box Number is Not Acceptable): <b>4440 METRIC DRIVE SUITE E WINTER PARK, FL 32792</b>
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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: **JOHN-ERIK MOSELER** (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BOLDMAN, LOYD 3259 BELLINGHAM DRIVE ORLANDO, FL 32825</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BOLDMAN LOYD 4440 METRIC DRIVE - SUITE E WINTER PARK, FL. 32792</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MOSELER, JOHN-ERIK 3259 BELLINGHAM DRIVE ORLANDO, FL 32825</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MOSELER, JOHN-ERIK 4440 METRIC DRIVE - SUITE E WINTER PARK, FL. 32792</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **JOHN-ERIK MOSELER** **407-677-8514**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #