2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 25, 2004 8:00 am Secretary of State

DOCUMENT # P03000101536 1. Entity Name MG MEDIA, INC.			05-2	25-2004 90001 0	35 ***158	.75	
Principal Place of Business 4629 RUE BORDEAUX AVE. LUTZ, FL 33558	BORDEAUX AVE. 4629 RUE BORDEAUX AVE.			19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
2. Principal Place of Business 3514 W. Arch St							
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6	03042004 CI	4 Chg-P CR2E034 (10/03)			
City & State TAMPA FL	70 1 16 hut 2, 16		4. FEI Number 20 - 024 2324		-	Applied For Not Applicable	
33612 Country USA	Zip 32178	Country MS A	5. Certificate of Statu	ıs Desired 🔼	\$8.75 Add Fee Required		
6. Name and Address of Current	Registered Agent	Name	7. Name and Addres	ss of New Registered	Agent		
GARDNER, MICHAEL H 4629 RUE BORDEAUX AVE.		Street Address	Street Address (P.O. Box Number is Not Acceptable)				
LUTZ, FL 33558		-					
		City		FI	Zip Code	э	
The above named entity submits this statement for the obligations of registered agent. SIGNATURE					n familiar with,	and accept	
Signature, typed Trinted name of registered agent	and title if applicable. (NOTE: Re	egistered Agent signature require	d when reinstating)	DATE			
FILE NOWIIP, FEE IS \$150.00 After May 1, 2004 Fee will be \$550.0	9. Election Campaign Trust Fund Contribu	" — +-	.00 May Be ded to Fees				
10. OFFICERS AND	DIRECTORS Delete	11.	ADDITIONS/CHANC	SES TO OFFICERS AN	D DIRECTORS Change	S IN 11	
NAME STREET ADDRESS CITY-ST-ZIP GARDNER, MICHAEL H 4629 RUE 20RDEAUX AVE. LUTZ, FL 36558	500.0	NAME STREET ADDRESS CITY-ST-ZIP					
TITLE :	☐ Delete	TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP				ļ	
TITLE NAME	☐ Delete	TITLE NAME			☐ Change	Addition	
STREET ADDRESS CITY-SI-ZIP		STREET ADDRESS CITY-ST-ZIP					
TITLE NAME	☐ Delete	TITLE NAME			☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP					
TITLE NAME	☐ Delete	TITLE			☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP					
TITLE NAME	☐ Delete	TITLE NAME			☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS				ļ	
I hereby certify that the information supplied with indicated on this report or supplemental report is of the corporation or the receiver or trustee emportanged, or on an attachment with an address, and the corporation of the receiver or trustee emportanged.	true and accurate and that my sowered to execute this report as	e exemption stated in S signature shall have the	same legal effect as if n	nade under oath; that I	l am an officer -	or director	
SIGNATURE: WHY Jank	·	ARDNER	1/10	y81	13-17-4	-3-23	
SIGNATURE AND TYPED OR P	RINTED NAME OF SIGNING OFFICER OR	DIRECTOR	De		Daytime Phone #		