

**FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 16, 2006 8:00 am**  
**Secretary of State**

02-16-2006 90037 015 \*\*\*150.00

DOCUMENT # **P03000102382**

1. Entity Name

**The Other Media**



**DO NOT WRITE IN THIS SPACE**

**60016539**

2. Principal Place of Business

3. Mailing Address

**5661 Fairway Drive**  
Suite, Apt. #, etc.

**5661 Fairway Drive**  
Suite, Apt. #, etc.

CR2E034B (8/05)

City & State

City & State

4. FEI Number

Applied For

**Milton FL**

**Milton FL**

**30-0208595**

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**32570**

**USA**

**32570**

**USA**

7. Name and Address of Current Registered Agent

Name

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

City

**FL**

Zip Code

**DO NOT WRITE  
IN THIS SPACE**

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

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended AR is \$61.25**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**President**  
**LINDA MIRANDA**  
**5661 Fairway Drive**  
**Milton, FL 32570**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

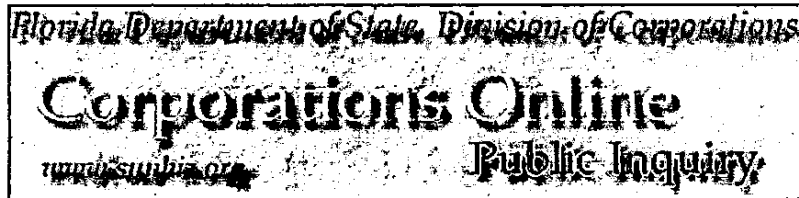
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Linda Miranda** **2/13/06**

60016589



## Florida Profit

## THE OTHER MEDIA, INC.

## PRINCIPAL ADDRESS

15265 SW 45 TERRACE  
SUITE B  
MIAMI FL 33185

Change to:

5661 Fairway  
Drive  
Milton, FL  
32570

## MAILING ADDRESS

15265 SW 45 TERRACE  
SUITE B  
MIAMI FL 33185Document Number  
P03000102382FEI Number  
300208595Date Filed  
09/18/2003State  
FLStatus  
ACTIVEEffective Date  
09/17/2003

## Registered Agent

Name & Address
MIRANDA, LINDA 15265 SW 45 TERRACE SUITE B MIAMI FL 33185

## Officer/Director Detail

Name & Address	Title
MIRANDA, LINDA 15265 SW 45 TERR-UNIT B MIAMI FL 33185	D

## Annual Reports

Report Year	Filed Date
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## ATTACHMENT

60016589  
# P03000102382

2004	04/23/2004
2005	03/02/2005

[Previous Filing](#)[Return to List](#)[Next Filing](#)

No Events

No Name History Information

## Document Images

Listed below are the images available for this filing.

03/02/2005 -- ANN REP/UNIFORM BUS REP
04/23/2004 -- ANN REP/UNIFORM BUS REP
09/18/2003 -- Domestic Profit

**THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT**[Corporations Inquiry](#)[Corporations Help](#)