

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Jun 15, 2004 8:00 am
Secretary of State

04-30-2004 90332 018 ***150.00

DOCUMENT # P03000136031

1. Entity Name

HEALTH CLUB MEDIA, INC.



Principal Place of Business

2105 LAVERS CIR
UNIT 401
DELRAY BEACH FL 33444

Mailing Address

2105 LAVERS CIR
UNIT 401
DELRAY BEACH FL 33444

66428186



MOORE CR2E034 (11/03)

2. Principal Place of Business

4730 GLENN PINE LN
Suite, Apt. #, etc.

3. Mailing Address

4730 Glenn Pine Lane
Suite, Apt. #, etc.

City & State

BOYNTON BEACH FL
Zip 33436 Country USA

City & State

BOYNTON BEACH FL
Zip 33436 Country USA

4. FEI Number

70-1214058

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THE LAW OFFICE OF JOSHUA M. MITTENTHAL PA
5499 N FEDERAL HWY
SUITE K
BOCA RATON FL 33487

7. Name and Address of New Registered Agent

Name Gregory Drew
Street Address (P.O. Box Number is Not Acceptable)
4730 GLENN PINE Lane
City Boynton Beach FL Zip Code 33436

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

Gregory J. Drew

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/28/04
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

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	D	<input type="checkbox"/> Delete
NAME	DREW, GREGORY	
STREET ADDRESS	2105 LAVERS CIR UNIT 401	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Drew Gregory	
STREET ADDRESS	4730 GLENN PINE Lane	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
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:

Gregory J. Drew
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/04 561-756-096
Date Daytime Phone #