

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 16, 2005 08:00 AM
Secretary of State**

DOCUMENT # P03000136065

1. Entity Name
GROVE MEDIA INC.



Principal Place of Business
**I GROVE ISLAND DR., SUITE 1608
COCONUT GROVE, FL 33133**

Mailing Address
**I GROVE ISLAND DR., SUITE 1608
COCONUT GROVE, FL 33133**



01132005 No Chg-P CR2E034 (10/03)

4. FEI Number
20-0426029

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GOODMAN, SHEILA R
I GROVE ISLAND DR., SUITE 1608
COCONUT GROVE, FL 33133**

**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

Sheila R. Goodman

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

(NOTE: Registered Agent signature required when reinstating)

2/14/05
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **GOODMAN, SHEILA R**
STREET ADDRESS **I GROVE ISLAND DR., SUITE 1608**
CITY-ST-ZIP **COCONUT GROVE, FL 33133**

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UN7000232231
02/16/05-80064-015 150.00

**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)(f), 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:

Sheila R. Goodman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/05
Date

305 856 9552
Daytime Phone #