


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90141 036 \*\*\*150.00

|  |   |
|--|---|
| <b>DOCUMENT # P04000068178</b>           |  |
| 1. Entity Name<br>LUNAR TIDE MEDIA, INC. |   |

|  |  |
|--|--|
| Principal Place of Business<br>35246 US HWY 19 NORTH, # 248<br>PALM HARBOR, FL 34684 | Mailing Address<br>35246 US HWY 19 NORTH, # 248<br>PALM HARBOR, FL 34684 |
|--|--|

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

40052065

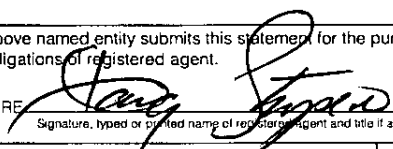


01032005 Chg-P CR2E034 (10/03)

|                                    |                               |
|------------------------------------|-------------------------------|
| 4. FEI Number<br><b>20-1074303</b> | Applied For<br>Not Applicable |
|------------------------------------|-------------------------------|

|   |                                |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

|  |  |   |  |
|--|--|---|--|
| 6. Name and Address of Current Registered Agent                  |  | 7. Name and Address of New Registered Agent   |  |
| STUPER, DOUG<br>110 KENDRA WAY<br># 819<br>PALM HARBOR, FL 34684 |  | Name <b>STUPER DOUG</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>2778 COUNTRYSIDE BLVD.</b><br><b># 2</b><br>City <b>CLEARWATER</b> FL Zip Code <b>33761</b> |  |

|   |  |
|---|--|
| 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   | PRESIDENT DOUG STUPER<br>(NOTE: Registered Agent signature required when reinstating) DATE |

|   |   |                             |
|---|---|-----------------------------|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|---|---|-----------------------------|

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PVST<br>STUPER, DOUG<br>35246 US HWY 19 NORTH, # 248<br>PALM HARBOR, FL 34684 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>STUPER, DOUG<br>35246 US HWY 19 NORTH, # 248<br>PALM HARBOR, FL 34684 <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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:  | DOUG STUPER | 4-08-05 | 727-641-2891    |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                             |             | Date    | Daytime Phone # |