


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2005 8:00 am
Secretary of State

09-09-2005 90028 009 ***150.00

DOCUMENT # P04000085777 1. Entity Name GSC MEDIA GROUP, CORP.			
Principal Place of Business 10633 HAMMOCKS BLVD #1038 MIAMI, FL 33196		Mailing Address 10633 HAMMOCKS BLVD #1038 MIAMI, FL 33196	
2. Principal Place of Business <i>6561 SW 164 CT</i>		3. Mailing Address <i>6561 SW 164 CT</i>	
Suite, Apt. #, etc. <i>FL</i>		Suite, Apt. #, etc. <i>FL</i>	
City & State <i>Miami, FL</i>		City & State <i>Miami, FL</i>	
Zip <i>33193</i>		Zip <i>33193</i>	
Country <i>USA</i>		Country <i>USA</i>	
4. FEI Number 20-1197579		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JACOBS, MERCEDES E 10633 HAMMOCKS BLVD #1038 MIAMI, FL 33196		7. Name and Address of New Registered Agent Name <i>Jacobs, Mercedes E</i> Street Address (P.O. Box Number is Not Acceptable) <i>6561 SW 164 CT</i> City <i>Miami</i> FL Zip Code <i>33193</i>	
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 <i>Mercedes R. Jacobs</i> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME JACOBS, MERCEDES E STREET ADDRESS 10633 HAMMOCKS BLVD #1038 CITY-ST-ZIP MIAMI, FL 33196	<input type="checkbox"/> Delete	TITLE <i>President</i> NAME <i>Jacobs, Mercedes E</i> STREET ADDRESS <i>6561 SW 164 CT</i> CITY-ST-ZIP <i>Miami, FL 33193</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V NAME ACOSTA, MAURICIO STREET ADDRESS 10633 HAMMOCKS BLVD #1038 CITY-ST-ZIP MIAMI, FL 33196	<input type="checkbox"/> Delete	TITLE <i>Vicepresident</i> NAME <i>Acosta, Mauricio</i> STREET ADDRESS <i>6561 SW 164 CT</i> CITY-ST-ZIP <i>Miami, FL 33193</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME ACOSTA, YOSLEYNIS STREET ADDRESS 10633 HAMMOCKS BLVD #1038 CITY-ST-ZIP MIAMI, FL 33196	<input checked="" type="checkbox"/> Delete	TITLE <i>Secretary</i> NAME <i>Fernando, Yosleynys</i> STREET ADDRESS <i>6561 SW 164 CT</i> CITY-ST-ZIP <i>Miami, FL 33193</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE T NAME GASC, PABLO STREET ADDRESS 10633 HAMMOCKS BLVD #1038 CITY-ST-ZIP MIAMI, FL 33196	<input type="checkbox"/> Delete	TITLE <i>Treasurer</i> NAME <i>Gase, Pablo</i> STREET ADDRESS <i>6561 SW 164 CT</i> CITY-ST-ZIP <i>Miami, FL 33193</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: <i>Mercedes R. Jacobs</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
Date		Daytime Phone #	

30065885

