2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P04000142701

FILED Mar 15, 2005 8:00 am Secretary of State 02-14-2005 90075 034 ***150.00

1. Entity Name MILLER SIX MEDIA, IN	c .						
Principal Place of Business		Mailing Address		7			
14429 7TH STREET DADE CITY, FL 33525		14429 7TH STREET DADE CITY, FL 33525		66005433			
		·					NI 1.38
2. Principal Place of Business		3. Mailing Address			HI DIH EBI UM I I I	I BANK BERTA BANK BANK BANK BANK BANK	
Same us above		Suite, Apt. #, etc.		⊣ ′			
Oute, riple w, que.		Suite, Apt. #, etc.		02062005	Chg-P	CR2E034 (10/03)	
City & State		City & State		4. FEI Number	3-1726	913. AF	plied For t Applicable
Zip Cou	ntry S A	Zip	Country	5. Certificate o	1 Status Desired	S8.75 Add	
6. Name and Address of Current Registered Agent				7. Name and A	ddress of New Re		
			- Нале				: E33
GREENFELDER, GLEN E ESQ. 14217 THIRD STREET DADE CITY, FL 33523-3828			Street Addres	s (P.O. Box Number	is Not Acceptable	···············	
BADE CITT, FL 33523-3626			•	V/A			
		City		101,	FL Zip Cod	9	
8. The above named entity submits this statement for the purpose of changing its registered office or registers				tered agent, or both	, in the State of Flo		and accept
the obligations of registered ag	gent.			-			
SIGNATURE Signature. Typed or printed name of represend byans and blue if applicable. (NOTE: Registered Agent signature required when						DATE	 .
FILE NOWII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees							
10.	OFFICERS AND DIRE	ECTORS	11.	ADDITIONS/C	HANGES TO OFFI	CERS AND DIRECTOR	S IN 11
NUME PRESIDENT NUME STREET ADDRESS 36601 S	tor Rd.	☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	☐ Addition
CITY-SI-ZIP ORDER CITY	Ph 3350	\S	CITY-ST-ZIP				
TIME VICE PIESDE		☐ Detete					
CITY-ST-ZIP - LA CA	1. spanding		TOLE MAME STREET ADDRESS			☐ Change	☐ Addition
	v. spaulding 90036		NAME			☐ Change	Add/ition
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12. I hareby certify that the information supplied with this filling 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 early, 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.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

Change

Addition