


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90216 008 ***150.00

DOCUMENT # P04000145061
 1. Entity Name
JFT MEDIA GROUP, INC.




Principal Place of Business Mailing Address
 1421 SW 22ND TERRACE 1421 SW 22ND TERRACE
 MIAMI, FLORIDA 33145 MIAMI, FLORIDA 33145

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

20042943



1st MOORE CR2E034 (10/04)

4. FEI Number Applied For
20-1375562 Not Applicable

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

6. Name and Address of Current Registered Agent
 ALEXION, THOMAS
 3101 INDIAN CREEK DRIVE
 #105
 MIAMI BEACH, FL FL 33140

7. Name and Address of New Registered Agent
 Name: **JAMES FOX**
 Street Address (P.O. Box Number is Not Acceptable):
1421 SW 22ND
 City: **MIAMI** FL Zip Code: **33145**

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: *Thomas Alexion* *James Fox* DATE: **1-19-05**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS: \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	FOX, JAMES	
STREET ADDRESS	1421 SW 22ND TERRACE	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	TREA	<input type="checkbox"/> Delete
NAME	ALEXION, THOMAS	
STREET ADDRESS	3101 INDIAN CREEK DRIVE, #105	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	SECR	<input type="checkbox"/> Delete
NAME	JIRANEK, ANDREW	
STREET ADDRESS	606 BALTIMORE AVENUE, #402	
CITY-ST-ZIP	BALTIMORE MD 21204	
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	<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	
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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: *James Fox* DATE: **1-19-05** Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR