## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 02, 2005 8:00 am Secretary of State

DOCUMENT # P04000163742  1. Entity Name TCA MEDIA INC.					05-02-2005 90440 033 ***150.00				
Principal Plac	e of Business	Mailing Address	-	1	1				
43 PHOENETIA AVE 43 PHOENETIA AVE						11. 1.			
CORAL GABL	ES, FL 33134 US	CORAL GABLES, FL 3	33134	US					
						II <b>Gen</b> i elem evni esm es			ESI N 1881
A Dain-in-10	N	I o same subsection							
z. Principal P	face of Business	3. Mailing Address	lailing Address			LI SORI OLOH OLUH COM OL			116 () (61)
Suite, Apt. #, etc.		Suite Ant # etc	Suite. Apt. #, etc.						
Galley reprising even		Suite, Apr. #, etc.	Suite, Apr. #, etc.			Chg-P	CR2E03	4 (10/03)	
City & State		City & State	City & State			oer	٠	T Ap	plied For
						-193174	r g	<del></del>	t Applicable
Zip	Country	Zip	Coun	itry	1	<del> </del>		8.75 Add	
	250				5. Certificate	e of Status Desired		ee Required	
	6. Name and Address of Currer	nt Registered Agent			7. Name and	d Address of New R	egistered A	gent	
		-		Name		_			
COLLANTE, LORNA				Street Address (P.O. Box Number is Not Acceptable)					
43 PHOENETIA AVE CORAL GABLES, FL 33134				Street Address (P.O. Box Number is Not Acceptable)					•
CORAL G	NDLES, FL 33134								
				00				17:01	
				City			FL	Zip Code	'
	named entity submits this statement lions of registered agent.	for the purpose of changing	its register	ed office or registe	red agent, or bo	oth, in the State of Flo	orida. I am fa	miliar with.	and accept
SIGNATURE.	Signature, typed or printed name of registered age	ent and title if applicable. (N	DTE: Registere	d Agent signature require	d when reinstating)		DATE		
		· · · · · · · · · · · · · · · · · · ·				1			
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550	9. Election Camp Trust Fund Co			.00 May Be ded to Fees	11			
10.	OFFICERS AN	ID DIRECTORS	11.		ADDITIONS	/CHANGES TO OFF	ICERS AND (	DIRECTORS	IN 11
TITLE	P	☐ Delete	m	E				Change	Addition
NAME	COLLANTE, LORNA		NAM	Æ					1
STREET ADDRESS	43 PHOENETIA AVENUE			EET ADDRESS					
City-St-ZIP	CORAL GABLES, FL 33134		CITY	-ST-ZIP					
TITLE		☐ Delete	TITL	E				☐ Change	Addition
NAME			NAM	-					ļ
STREET ADORESS	-			ET ADDRESS					İ
CITY-ST-ZIP			CITY	-ST-ZIP					
TITLE		☐ Detete	τıπ					Change	☐ Addition
NAME			NAM						
STREET ADDRESS		·		ET ADDRESS					
City-ST-ZIP			CITY	-ST-ZIP					
TITLE		☐ Delete	TITL					Change	☐ Addition
NAME			NAM						
STREET ADDRESS			- 1	EET ADORESS					
CITY-ST-ZIP			- CIN	-ST-ZIP					
TITLE		☐ Delete	TITL	1				Change	☐ Addition
NAME			NAM	_					
STREET ADDRESS				EET ADORESS '- ST- ZIP					
CITY-ST-ZIP				· · · · · · · · · · · · · · · · · · ·					
TITLE	1	☐ Delete	TITE	1				☐ Change	☐ Addition
NAME CYDEET ADODESES			NAM	-					
STREET ADDRESS				EET ADDRESS '-ST-ZIP					
CITY-ST-ZIP						U			
12. I hereby	certify that the information supplied w i on this report or supplemental report rporation or the receiver or trusted em , or on an attachment with an address	with this filling does not qualify	for the exe	imption stated in S	ection 119.07(3)	)(i), Florida Statutes.	l further certif	y that the in	formation or director
of the co	rporation or the receiver or trusted em	ndowered to execute this repo	rt as requ	ired by Chapter 60	7, Florida Statut	es; and that my nam	e appears in	Block 10 or	Block 11 if
i chanded	or on an auacoment with an Eddfess	siwitti an qaner like empowere	P/ [					_	
U. La. Igua		/ N F   11/ \	171						1/ / 7 4 .
SIGNAT	$C \wedge U$		$\mathcal{W}$					?-41	46572