


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 11, 2006 8:00 am**  
**Secretary of State**

07-11-2006 90019 034 \*\*\*158.75

<b>DOCUMENT # P05000056965</b>	
1. Entity Name <b>304 MEDIA CORPORATION</b>	

Principal Place of Business <b>855 SOUTH FEDERAL HWY #207A BOCA RATON, FL 33432</b>	Mailing Address <b>855 SOUTH FEDERAL HWY #207A BOCA RATON, FL 33432</b>
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2. Principal Place of Business <b>1877 S. Federal Hwy</b> Suite, Apt. #, etc. <b>Suite 306</b> City & State <b>Boca Raton, FL</b> Zip <b>33432</b> Country <b>United States</b>	3. Mailing Address <b>1877 S. Federal Hwy</b> Suite, Apt. #, etc. <b>Suite 306</b> City & State <b>Boca Raton, FL</b> Zip <b>33432</b> Country <b>United States</b>
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07072006 Chg-P CR2E034 (11/05)

4. FEI Number <b>75-3157362</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>PRESIDENTIAL SERVICES INCORPORATED 1217 CAPE CORAL PARKWAY #300 CAPE CORAL, FL 33904</b>	
7. Name and Address of New Registered Agent Name <b>Jocelyn Silverman</b> Street Address (P.O. Box Number is Not Acceptable) <b>1877 S. Federal Highway</b> <b>Suite 306</b> City <b>Boca Raton</b> FL Zip Code <b>33432</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 Jocelyn Silverman president 7/7/06  
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**  
**Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$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 NAME STREET ADDRESS CITY-ST-ZIP	D SILVERMAN, JOCELYN <input checked="" type="checkbox"/> Delete 855 SOUTH FEDERAL HWY #207A BOCA RATON, FL 33432	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President (P) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Jocelyn Silverman 1877 S. Federal Highway #306 Boca Raton, FL 33432
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
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
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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 exemptions contained in Chapter 119, 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: Jocelyn Silverman Jocelyn Silverman 7/7/06 (561) 417-4304  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #