## 2005 FOR PROFIT CORPORATION

## **FILED**

|   | ANNUAL F   | REPORT  |  |   | Jan 3  | 1, 2005               | 5 08:00 /                  |
|---|--|---|--|---|--|-----------------------|----------------------------|
| 1. Entity Nam   | MENT # P07235<br>SON MEDIA, INC.   |   |  |   | Se   | cretary               | y of State                 |
| 5619 DTC PI<br>SUITE 800  |  | Mailing Address<br>5619 DTC PKWY<br>SUITE 800<br>GREENWOOD VILLAGE, CO 80 | 111  | <u> </u><br>                                  | I <b>75</b> 111 ( <b>86</b> 11 (18 <b>7</b> 1 (18 <b>7</b> 1 (18 <b>71</b> ( | . <b> </b>            | 7 NJUGS WINISTON (1) IN WI |
| E   | OO NOT WRITE I   | CE  | 01062005<br>4. FEI Numb<br>41-069            |   |  |                       |                            |
|   | 6. Name and Address of Current Reg   | istered Agent   |  |   |  |                       | <del></del>                |
| CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525   |  |   | DO NOT WRITE<br>IN THIS SPACE                |   |  |                       |                            |
|   | named entity submits this statement for the<br>tions of registered agent.            | purpose of changing its register  | ed office or register                        | red agent, or bo                              | oth, in the State of Flo   | orida, 1 am famil     | ar with, and accept        |
| SIGNATURE.  | Signature, typed of printed name of registered agent and to                          | ile il applicable. (NOTE, Registeri                                       | ed Agent signature required                  | i when reinstating)                           |  | DATE                  |                            |
| FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Finar  Trust Fund Contribution. |  |   |  | .00 May Be<br>ed to Fees                      |  | - <del></del>         | ···                        |
| 10.   | OFFICERS AND DIR   | ECTORS  |  | <del></del>                                   | I  | · · · · ·             | W. Horiza                  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | CEOD<br>SCHLEYER, WILLIAM T<br>5619 DTC PKWY SUITE 800<br>GREENWOOD VILLAGE, CO 8011 | 1   | <del></del> -                                | energy  | U0000<br>62 /01 /09  | 10207428<br>3-90045-0 | 104 150.00                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>COOPER, RON<br>5619 DTC PKWY SUITE 800<br>GREENWOOD VILLAGE, CO 8011           | 1   | Marie Care Care Care Care Care Care Care Car | <u>***.                                  </u> | <u></u> říc⊾ot⊾o:  |                       |                            |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | EVPS<br>SONNENBERG, BRAD<br>5619 DTC PKWY SUITE 800<br>GREENWOOD VILLAGE, CO 8011    | 1   |  |   | NOT W  |                       |                            |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | EVPT<br>WITTMAN, VANESSA<br>5619 DTC PKWY SUITE 800<br>GREENWOOD VILLAGE, CO 8011    | 1   |  | . =IN .                                       | THIS SF  | PACE                  |                            |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | VPAS<br>ZEREFOS, JAMES<br>5619 DTC PKWY SUITE 800<br>GREENWOOD VILLAGE, CO 8011      | 1   |  |   |  |                       |                            |
| NAME STREET ADDRESS   | AS WATERMAN, KATHY L 5619 DTC PKWY SUITE 800   | · · · · · · · · · · · · · · · · · · ·                                     |  |   | N. 1. 1. 18  |                       |                            |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1 19.07(3)(1), Rorlda 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 of 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.

1-7-2005

Date

(303) 268-6300

Daydme Phone #

SIGNATURE:

Kathy L. Waterman, Assistant Secretary