


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 07, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # P93000039519</b> 1. Entity Name <b>MEDIA SERVICES INCORPORATED</b>	
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Principal Place of Business <b>3760 COVENTRY LANE BOCA RATON, FL 33496 US</b>	Mailing Address <b>3760 COVENTRY LANE BOCA RATON, FL 33496 US</b>
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**DO NOT WRITE IN THIS SPACE**



01032005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0415437</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**SINGER, RALPH  
3760 COVENTRY LANE  
BOCA RATON, FL 33496**

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IN THIS SPACE**

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	P
NAME	<b>SINGER, LORRAINE</b>
STREET ADDRESS	<b>3760 COVENTRY LANE</b>
CITY-ST-ZIP	<b>BOCA RATON, FL 33496</b>
TITLE	DVP
NAME	<b>SINGER, RALPH</b>
STREET ADDRESS	<b>3760 COVENTRY LANE</b>
CITY-ST-ZIP	<b>BOCA RATON, FL 33496</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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01/07/05-80006-012 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  **RALPH SINGER** **1/4/05** **561 289 2814**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #