2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mailing Address

DOCUMENT # P94000071931

1. Entity Name

Principal Place of Business

FOX MARKETING GROUP, INC.



FILED Feb 25, 2004 8:00 am Secretary of State

02-25-2004 90034 006 ***150.00



Name and Address of Current Registered Agent 1	1582 STOCKMAN DR. GREEN COVE SPRINGS FL 32043 US			1 582 STOCKMAN D R. GREEN COVE SPRINGS FL 32043 US			94011909				
Country Zip Country Zip Country Zip Country St. Certificate of Status General \$8.75 Additional Fee Propalated Fee Propalated \$8.75 Additional Fee Propalated	1582 STOCKTON DR.			1582 STUCKTON DR.			MOORE CR2E034 (11/03)				
Country Zip Country Zip Country Sp. Centificate of Status Desired St. 75 Additional Fee Required	City & State			City & State			65_0528452				
S. Name and Address of Current Registered Agent S. Name and Address of New Registered Agent Name Na	Zip	Country		Zip Country		try	5 Certificate of Status Desired Secured \$8.75 Add			itional	
PEPER, RICHARD'C JR 8833 PERIMETER PARK BLVD. SUITE 602 JACKSONVILLE FL 32216 a. The aboven named crisity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Flonds. I am familiar with, and accept the obligations of registered agent. SIGNATURE Suppose the part of prediction of registered agent and first flacohable. NOTE Registered Agent agentus required when remarking) DATE		6. Name	and Address of Current I	egistered Agent							
SIGNATURE 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 terminal with. and accept the obligations of registered agent. SIGNATURE City FL Zip Code						Name					
ACKSONVILLE FL 32216 City FL Zip Code 6. The above named critify submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am hamiliar with, and accept the obligations of registered agent. SIGNATURE Signature Suprimer, tyreid or printed name of registered agent and life if applicable. (NOTE Prejudence Agent and life if applicable. NOTE Prejudence Agent and life if applicable. NOTE Prejudence Agent and life if applicable. State Agent applicab	8833 PERIMETER PARK BLVD.			Street Address			(P.O. Box Number is Not Acceptable)				
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE Spanium, types or printed name of registered agent and their accidability. NOTE: Registered Agent september recurred when investioning. NOTE: Registered Agent september recurred when investioning. P. Election Campaign Financing. \$5.00 May Be Added to Flees Trust Fund Contribution. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 III.E. NAME STREET ADDRESS CITY- ST- ZP TITLE TITL	JAC	KSONVII	LE FL 32216							· · · · ·	
THE POX, CHARLES B STREET ADDRESS CITY-ST-ZP TITE NAME SIRRET ADDRESS CITY-ST-ZP SIRRET ADDR						City		F	FL Zip Code		
Signature, typed or printed rained in fregisteed agent and title if applicable. NOTE Registered Agent agroups recurred when											
After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PCX, CHARLES B STREET ADDRESS 1582 STOCKTON DR. GREEN COVE SPRINGS FL 32043 TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS	SIGNATURE										
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S	After May 1, 2004 Fee will be \$550.00										
NAME STREET ADDRESS CITY-ST-ZP CI	10.		OFFICERS AND I	IRECTORS 11.			ADDITIONS/CHAN	NGES TO OFFICERS A	AND DIRECTORS	S IN 11	
STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE	uure .	P		☐ Delete	TITL	E			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME SREET ADDRESS SREET ADDRESS CITY-ST-ZIP TITLE NAME SREET ADDRESS	l '										
TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS	i !										
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		GALLIV CC	7VE SENTINGS I E 32043		-				Change	□ Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	1 1			L.J Delete					□ Change	☐ Modition	
TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS											
NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	CITY-ST-ZIP				CITY	-ST-ZIP					
SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			ماستخصار ومعيات ويدري	Detete		- 1		• .	Change"	☐ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS	!!!	.									
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				_ `							
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				□ nelata	-				Change	☐ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	i 1										
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	STREET ADDRESS				STR	EET ADDRESS				į	
NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	City-St-Zip				CITY	-ST-ZIP					
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	. TITLE			☐ Delete	TITL	E			Change	☐ Addition	
CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS	i I					j					
TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS	1 1					į.		•			
NAME STREET ADDRESS NAME STREET ADDRESS				(°) a				. =	Chapa-	☐ Addition	
STREET ADDRESS STREET ADDRESS		·		L_1 Delete		1			T cusude	□ MuditioN	
. ■						1					
	Į.				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: