

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90099 016 \*\*\*150.00

**DOCUMENT # P95000034875**

1. Entity Name  
**SYNCHRONOUS MEDIA GROUP, INC.**



Principal Place of Business  
**11521 INNFIELDS DRIVE  
ODESSA, FL 33556**

Mailing Address  
**11521 INNFIELDS DRIVE  
ODESSA, FL 33556**

**600005673**

2. Principal Place of Business

**426 S. RIVER RD.**

Suite, Apt. #, etc.

3. Mailing Address

**426 S. RIVER RD.**

Suite, Apt. #, etc.



01182006

Chg-P

CR2E034 (11/05)

City & State

**TRIVON NC**

City & State

**TRIVON NC**

4. FEI Number

**59-3322661**

Applied For

Not Applicable

Zip

**28782**

Country

**US**

Zip

**28782**

Country

**US**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**JORGENSEN, MARK  
11521 INNFIELDS DRIVE  
ODESSA, FL 33556**

7. Name and Address of New Registered Agent

Name

**MARK JORGENSEN**

Street Address (P.O. Box Number is Not Acceptable)

**211 S. BLVD**

City

**TAMPA**

FL

Zip Code

**33606**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **JORGENSEN, MARK**  
STREET ADDRESS **11521 INNFIELDS DRIVE**  
CITY-ST-ZIP **ODESSA, FL 33556**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition  
NAME **JORGENSEN, MARK**  
STREET ADDRESS **426 S. RIVER RD.**  
CITY-ST-ZIP **TRIVON NC 28782**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *Mark W Jorgenson* MARK W JORGENSEN PRESIDENT 1/17/06 859-6982**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #