



2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

01-23-2006 90099 017 ***150.00

| | | | | | |
|--|---|--|--|--|--|
| DOCUMENT # P95000041138 1. Entity Name CONCORD MEDIA GROUP, INC. | | | |  | |
| Principal Place of Business 11521 INNFIELDS DRIVE ODESSA, FL 33556 | | | Mailing Address 11521 INNFIELDS DRIVE ODESSA, FL 33556 | | |
| 2. Principal Place of Business 426 S. RIVER RD. Suite, Apt. #, etc. | | 3. Mailing Address 426 S. RIVER RD. Suite, Apt. #, etc. | |  | |
| City & State TRYON NC | | City & State TRYON NC | | 4. FEI Number 59-3323328 | |
| Zip 28782 | | Country US | | 5. Certificate of Status Desired <input type="checkbox"/> \$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. BWD. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JORGENSEN, MARK 11521 INNFIELDS DRIVE ODESSA, FL 33556 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JORGENSEN, MARK 426 S. RIVER RD TRYON NC 28782 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 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"/> Change <input type="checkbox"/> Addition | | | |
| 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"/> Change <input type="checkbox"/> Addition | | | |
| 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: <i>Mark W Jorgenson</i> MARK W JORGENSEN PRES. 1/17/06 828 859-6982 | | | | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |