



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 08, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000050205 1. Entity Name THINKBURST MEDIA, INC.	
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Principal Place of Business 4588 HWY 20 EAST SUITE A NICEVILLE, FL 32578 US	Mailing Address 4588 HWY 20 EAST SUITE A NICEVILLE, FL 32578 US
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DO NOT WRITE IN THIS SPACE



04062004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3324035	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PERRI, DANIEL C
4 ELEVENTH AVENUE
SUITE ONE
SHALIMAR, FL 32579

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD KNIGHTEN, THOMAS T 1674 PARKSIDE CIR. NICEVILLE, FL 32578
TITLE NAME STREET ADDRESS CITY- ST- ZIP	EVPD HERMAN, THOMAS C 4538 SOUTH MINSTER CIRCLE NICEVILLE, FL 32578
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D VOLZER, HARVEY J 3501 WAINSCOTT PLACE WOODBIDGE, VA 22192
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D MULFORD, JAMES O 7079 S GARRISON ST LITTLETON, CO 80128
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D JOHNSON, JAMES E 5967 S ZENOBIA COURT LITTLETON, CO 80123
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D PERRI, DANIEL C 4 ELEVENTH AVE STE 1 SHALIMAR, FL 32579

U000000106498
04/08/04-80018-012 150.00

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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: THOMAS T. KNIGHTEN, PRESIDENT
Thomas T. Knighten
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/04 (850) 897-6778
DATE Daytime Phone #