2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2004 8:00 am Secretary of State

ANNUAL-REPURI						Secretary of State				
DOCUMENT # P96000013158						05-03-200	04 90658 0	21 ***15	0.00	
USA MUL	TIMEDIA GROUP, INC.									
Principal Place	e of Business	Mailing Address			_		/	يد		
4998 RATHB		P.O. BOX 23679 //			-	94080780				
#16 JACI			JACKSONVILLE, FL 32241-3679 US			34000				
JACKSONVILL	.E, FL 32257 US				چسپر الا الا الا الا الا الا ا		ila selet (ICES IRS	A 11001 DUAD IDIT	LUI () 1 41 1	
2. Principal Place of Business 3. Mailin			Mailing Address							
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Suite, Apt. #, etc.		Suite, Apt. #, etc.			04222004	Chg-P	CR2E03	4 (10/03)	· -/	
City & State		City & State	-			4. FEI Numbers Applied For 59-3357986 Not Applicable				
Zip Country		Zip Coul		untrý	5Certificate of Status Desire					
- فهدد ت	and the second	=			5. Certificate of	Status Desired	<u>. </u>	ee Required	I I I	
	6. Name and Address of Curren	t Registered Agent		Ni	7. Name and A	ddress of New	Registered A	gent		
MAUDLIN, RAY M				Name	//		**			
4998 RATHBONE DR.			-	Street Address (P.O. Box Number is Not Acceptable)						
STE 16 JACKSONVILLE, FL 32257							*****			
JACKSONVILLE, FL 32207				City	······			Zip Code		
				·		FL	<u> </u>			
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.										
14										
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
<u> </u>		·			7			e and the second	1. w. 11 . 1 . 1	
FIL	E NOW!!! FEE IS \$150.00	l l	n Campaign Fir und Contributio		\$5.00 May Be Added to Fees				-	
After Ma	ay 1, 2004 Fee will be \$550	1.00 max	uno Conmodito	in. L A	Added to rees					
10.	OFFICERS AN	D DIRECTORS	1	1.	ADDITIONS/CI	HANGES TO OF	FICERS AND	DIRECTORS	IN 11	
TITLE	D			ITLE				Change	Addition	
NAME STREET ADDRESS	MAUDLIN, RAY M 4998 RATHBONE DR			Treet address			•			
CITY-ST-ZIP	JACKSONVILLE, FL 32257			ITY-ST-ZIP						
ME	D ,		elete T	ITLE				Change	Addition	
NAME	MAUDLIN, SHERYLL L			AME						
STREET ADDRESS	4998 RATHBONE DR			TREET ADDRESS						
CITY-ST-ZIP	JACKSONVILLE, FL 32257			ITY-ST-ZIP				Change	Addition	
Title Name				AME		-		Unange	□ Addition	
STREET ADDRESS	max	<u>.</u>		TREET ADDRESS	· = ··					
CITY-ST-ZIP			C	ITY-ST-ZIP						
TITLE				ITLE				☐ Change	Addition	
NAME STREET ADDRESS		_		IAME Treet adoress	سننسب				-	
CITY-ST-ZIP	}			CITY-ST-ZIP	سسر:				ļ	
TITLE			elete T	ITLE	i.e-			☐ Change	Addition	
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TITLE				TILE				☐ Change	☐ Addition	
NAME				IAME				T. Camille		
STREET ADDRESS				TREET ADDRESS		<u>.</u> `	. 12 12		* '	
CITY-ST-ZIP			. С	CITY-ST-ZIP ;					ľ	

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:

Ray Maydlen's IND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

4-30-04

904 731-8540

Date

Daytime Phone #