2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000035049 03-29-2005 90117 003 *2,698.75 03-29-2005 90117 004 ***476.25 NH MEDIA, INC. Principal Place of Business Mailing Address 66007878 2295 CORPORATE BLVD. 2295 CORPORATE BLVD., STE. 222 SUITE 222 P.O. BOX 5010 BOCA RATON, FL 33431 BOCA RATON, FL 33431 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01062005 CR2E034 (10/03) Chg-P Applied For City & State City & State 4. FEI Number 65-0667916 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HERRICK, NORTON Street Address (P.O. Box Number is Not Acceptable) C/O THE HERRICK COMPANY, INC. 2295 CORPORATE BLVD N.W. STE, 222 BOCA RATON, FL 33431 Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. C, CEO, T, S, D CCEO ☐ Defete TITLE ☐ Addition TITLE HERRICK, NORTON NAME NAME 2295 CORPORATE BLVD N.W. STE. 222 STREET ADDRESS STREET ADDRESS BOCA RATON, FL 33431 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE KERMALLI, NISAR NAME NAME 2 RIDGEDALE AVE., STE. 370 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CEDAR KNOLLS, NJ 07927 CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITI F noitibhA NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY+ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS 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 speciever 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:** Daytime Phone (ED OR PRINTED NA

FILED

Mar 29, 2005 8:00 am Secretary of State