

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2004 8:00 am
Secretary of State

01-16-2004 90011 028 ***150.00

DOCUMENT # P96000070898

1. Entity Name
J.L. MEDIA, INC.



Principal Place of Business
7205 CORPORATE CENTER DRIVE
SUITE 505
MIAMI, FL 33126

Mailing Address
7205 CORPORATE CENTER DRIVE
SUITE 505
MIAMI, FL 33126

44002073



01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0747224	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARCI A. RUBIN, ATTORNEY AT LAW, P.A.
1601 N. HARRISON PARKWAY, #200-A
SUNRISE, FL 33323

**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

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	LEVY, GERALD
STREET ADDRESS	1600 ROUTE 22
CITY-ST-ZIP	UNION, NJ 07083
TITLE	VPST
NAME	DZIADZIO, JOHN
STREET ADDRESS	1600 ROUTE 22
CITY-ST-ZIP	UNION, NJ 07083
TITLE	DVP
NAME	WELCH, LAUREL
STREET ADDRESS	7205 CORPORATE CENTER DR, STE 505
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	VP
NAME	ROBERT, CHRISTOPHER <i>Robbie, Christopher</i>
STREET ADDRESS	7205 CORPORATE CENTER DR, STE 505
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	DVP
NAME	TOFFLER, JEFFREY
STREET ADDRESS	7205 CORPORATE CENTER DR, STE 505
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Dziadzio
JOHN DZIADZIO

Date

1/8/04

Daytime Phone #

9086878700