

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 10, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90133 022 \*\*\*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

**DO NOT WRITE IN THIS SPACE**



02072005 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0747224

Applied For  
Not Applicable

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

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

Date

Daytime Phone #

908 6878700