

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2004 8:00 am**  
**Secretary of State**

03-10-2004 90012 046 \*\*\*150.00

**DOCUMENT # P96000082423**

1. Entity Name  
**MARKET FRONT, INC.**



Principal Place of Business  
**1801 HERMITAGE BLVD  
STE 600  
TALLAHASSEE, FL 32308 US**

Mailing Address  
**1801 HERMITAGE BLVD  
600  
TALLAHASSEE, FL 32308 US**

**54016405**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02132004

Chg-P

CR2E034 (10/03)

4. FEI Number  
**59-3403621**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TODD, DAVID E  
1801 HERMITAGE BLVD  
SUITE 100  
TALLAHASSEE, FL 32308**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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	D	<input type="checkbox"/> Delete
NAME	BENNETT, DOUGLAS W	
STREET ADDRESS	1801 HERMITAGE BLVD., STE 100	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	DVAS	<input type="checkbox"/> Delete
NAME	SMITH, JEFFREY L	
STREET ADDRESS	1801 HERMITAGE BLVD, STE 600	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	DECOSTA, LALER	
STREET ADDRESS	3424 PEACHTREE RD NE, STE 800	
CITY-ST-ZIP	ATLANTA, GA 30326	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	FONG, ARTLYN	
STREET ADDRESS	ONE FRONT ST #1100	
CITY-ST-ZIP	SAN FRANCISCO, CA 94111	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MCKEAN, THOMAS A	
STREET ADDRESS	3424 PEACHTREE RD NE #800	
CITY-ST-ZIP	ATLANTA, GA 30326	
TITLE	DVAT	<input type="checkbox"/> Delete
NAME	GRAY, LYNNE M	
STREET ADDRESS	1801 HERMITAGE BLVD #600	
CITY-ST-ZIP	TALLAHASSEE, FL 32308	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WARRIOR, DEXTER B.	
STREET ADDRESS	3424 PEACHTREE RD., NE, STE. 800	
CITY-ST-ZIP	ATLANTA, GA 30326	
TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LATHEM, LORI Q.	
STREET ADDRESS	3424 PEACHTREE RD., NE, STE. 800	
CITY-ST-ZIP	ATLANTA, GA 30326	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEWMARK, DEBBIE J.	
STREET ADDRESS	3424 PEACHTREE RD., NE, STE. 800	
CITY-ST-ZIP	ATLANTA, GA 30326	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 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:

*Debbie J. Newmark*

Debbie J. Newmark 02/17/04 404-846-1300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #