## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000088366

Entity Name: CONVENIENCE STORE MEDIA, INC.

FILED Jul 07, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 901 NORTHPOINT PARKWAY P. O. BOX 3306 SUITE 305 PALM BEACH, FL 33480 WEST PALM BEACH, FL 33407 **New Mailing Address: Current Mailing Address:** 901 NORTHPOINT PARKWAY P.O. BOX 3306 SUITE 305 PALM BEACH, FL 33480 WEST PALM BEACH, FL 33407 FEI Number: 13-3268491 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US 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.

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ).

Electronic Signature of Registered Agent

## **OFFICERS AND DIRECTORS:**

() Delete

TEQUESTA, FL 33469

SIGNATURE:

Title:

City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Change () Addition

Date

RICHMAN, CHESTER Name: Name: 139 SUNRISE AVENUE #201 Address: Address: City-St-Zip: PALM BEACH, FL 33480 City-St-Zip: Title: Title: () Delete () Change () Addition Name: LANGER, STANLEY Name: 870 UNITED NATIONS PLAZA Address: Address: NEW YORK, NY 10017 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: () Change () Addition SANDS, WILLIAM Name: Name: 71 RIVER DRIVE Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: CHESTER RICHMAN DP 07/07/2004