


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Oct 01, 2004 8:00 am
Secretary of State

10-01-2004 90002 047 ***550.00

DOCUMENT # P97000015642 1. Entity Name METROMEDIA ADVERTISING, INC.			
Principal Place of Business 2547 COUNTRYSIDE BLVD. SUITE 5 CLEARWATER, FL 34621		Mailing Address 2547 COUNTRYSIDE BLVD. SUITE 5 CLEARWATER, FL 34621	
2. Principal Place of Business 26133 US Hwy 19 N Suite, Apt. #, etc. # 311 City & State Clearwater, FL 33763 Zip 33763 Country Pinellas		3. Mailing Address 26133 US Hwy 19 N Suite, Apt. #, etc. # 311 City & State Clearwater, FL 33763 Zip 33763 Country Pinellas	
4. FEI Number 59-3429316		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TODD, ESQ. T 8406 MASSACHUSETTS AVE STE A-1 NEW PORT RICHEY, FL 34653		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD KELLY, MICHAEL J 1566 BRAESIDE COURT PALM HARBOR, FL 34684	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; padding: 2px;"> 26133 US Hwy 19 N </div> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Michael J. Kelly, President</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<div style="display: flex; justify-content: space-between;"> <i>9-7-04</i> <i>727-669-0622</i> </div> <small>Date Daytime Phone #</small>	

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