

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Mar 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000065936

1. Entity Name
MOLECULAR MEDIA, INC.



Principal Place of Business Mailing Address
1800 59TH CIRCLE SOUTH 1800 59TH CIRCLE SOUTH
SAINT PETERSBURG, FL 33712 US SAINT PETERSBURG, FL 33712 US



03222005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3459690

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WHITE, ANDREW S.
1800 59TH CIRCLE SOUTH
SAINT PETERSBURG, FL 33712

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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	P
NAME	IERNA, THOMAS
STREET ADDRESS	1312 ANGLERS LANE
CITY-ST-ZIP	LUTZ, FL 33548
TITLE	VP
NAME	WOOD, JERRY
STREET ADDRESS	427 24TH AVE NORTH
CITY-ST-ZIP	SAINT PETERSBURG, FL 33704
TITLE	ST
NAME	WHITE, ANDREW S.
STREET ADDRESS	1800 59TH CIRCLE SOUTH
CITY-ST-ZIP	SAINT PETERSBURG, FL 33712
TITLE	DPR
NAME	CASSARA, JOSEPH PATRICK
STREET ADDRESS	2084 68 TERRACE SOUTH
CITY-ST-ZIP	SAINT PETERSBURG, FL 33712
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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

(Type in Phone #)

03.2205