


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2005 8:00 am
Secretary of State

05-25-2005 90001 031 ***150.00

DOCUMENT # P97000065978			
1. Entity Name LDM MEDIA, INC.			
Principal Place of Business 361-2 PRESTWICK CIRCLE PALM BEACH GARDENS, FL 33418		Mailing Address 361-2 PRESTWICK CIRCLE PALM BEACH GARDENS, FL 33418	
2. Principal Place of Business <i>1829 Bougainvillea St.</i>		3. Mailing Address <i>1829 Bougainvillea St.</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Sarasota, Florida</i>		City & State <i>Sarasota, Florida</i>	
Zip <i>34239</i>		Zip <i>34239</i>	
Country <i>USA</i>		Country <i>USA</i>	
4. FEI Number 65-0775171		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 IRVING, J. BRUCE 501 BRICKELL KEY DR., STE. 300 MIAMI, FL 33131-2608		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		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	P DESMARAIS, LINDA 361-2 PRESTWICK CIRCLE PALM BEACH GARDENS, FL 33418 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President</i> <i>LINDA DESMARAIS</i> <i>1829 BOUGAINVILLEA ST</i> <i>SARASOTA FL 34239</i> <input checked="" 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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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>Linda Desmarais</i> LINDA DESMARAIS		Date: <i>5/18/05</i> Daytime Phone #: <i>(941) 955-9021</i>	