

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000085362

FILED
Apr 06, 2004
Secretary of State

Entity Name: FLORIDA MEDIA, INC.

Current Principal Place of Business:

102 DRENNEN RD
SUITE C-5
ORLANDO, FL 32806 US

Current Mailing Address:

102 DRENNEN RD
SUITE C-5
ORLANDO, FL 32806 US

New Principal Place of Business:

801 DOUGLAS AVENUE
SUITE 100
ALTAMONTE SPRINGS, FL 32714 US

New Mailing Address:

801 DOUGLAS AVENUE
SUITE 100
ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 59-3471815

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CIFERS, DOUG
102 DRENNEN RD
C-5
ORLANDO, FL 32806 US

Name and Address of New Registered Agent:

CIFERS, DOUG
801 DOUGLAS AVENUE
SUITE 100
ALTAMONTE SPRINGS, FL 32714 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.

SIGNATURE:

04/06/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CIFERS, DOUG
Address: 102 DRENNEN RD C-5
City-St-Zip: ORLANDO, FL 32806

Title: VTSD () Delete
Name: CIFERS, KRISTEN
Address: 102 DRENNEN RD C-5
City-St-Zip: ORLANDO, FL 32806

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CIFERS, DOUG
Address: 801 DOUGLAS AVENUE, SUITE 100
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VTSD (X) Change () Addition
Name: CIFERS, KRISTEN
Address: 801 DOUGLAS AVENUE, SUITE 100
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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.

SIGNATURE: KRISTEN M. CIFERS

VTSD

04/06/2004

Electronic Signature of Signing Officer or Director

Date