2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 05, 2005 8:00 am Secretary of State

DOCUMENT # P97000107305 1. Entity Name ROOT MEDIA GP, INC.						04-05-2005 90050 016 ***150.00					
Principal Place of Business 275 CLYDE MORRIS BLVD ORMOND BEACH, FL 32174		Mailing Address 275 CLYDE MORRIS BLVD ORMOND BEACH, FL 32174				1458/1551 (15 15	- ;	ar 11841 88531 1888		# =2 1 #1 # 3 1	
2. Principal P	Place of Business	3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				01102005	Chg-P	CR2E034	4 (10/03)		
City & Stat	е	City & State				4. FEI Number 59-34889	901			oplied For ot Applicable	
Zip '	Country	Zip	Country			5. Certificate of	Status Desired		8.75 Add	ditional	
	6. Name and Address of Current	Registered Agent				7. Name and A	ddress of New Ro	egistered Ag	jent		
VOCEC V				Name	Name						
VOGES, WILLIAM J 275 CLYDE MORRIS BLVD ORMOND BEACH, FL 32174				Street Ad	Street Address (P.O. Box Number is Not Acceptable)						
				City	FL Zip Code						
8. The above the obligat	named entity submits this statement folions of registered agent.	r the purpose of changing its	registere	ed office or	registere	d agent, or both,	in the State of Flo		miliar with,	and accept	
SIGNATURE.		(NOTE)			to a			<u></u>			
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campai	gn Finar	d Agent signatur	\$5.0	May Be		DATE			
10.	OFFICERS AND	DIRECTORS	11.			ADDITIONS/CH	HANGES TO OFFI	CERS AND D	DIRECTORS	3 IN 11	
TITLE	DVP	Delete	TITLE			·		r	☐ Change	☐ Addition	
NAME	ROOT, JOHN S	/ ~						-		_	
	l '	, ,	NAMI	E Į				•	_ •	_	
STREET ADDRESS	275 CLYDE MORRIS BLVD	, ,	STRE	ET ADDRESS				•			
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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 cath; 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 a other like empowered.

SIGNATURE:

William J. Voges,

3/30/2005

386 671 4908

DIRECTOR

Date

Daytime Phone #