

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000035117

FILED
Apr 27, 2005
Secretary of State

Entity Name: ATKINSON MEDIA MARKETING U.S., INC.

Current Principal Place of Business:

501 GOODLETTE ROAD NORTH
BLDG D-100, SUITE 12
NAPLES, FL 34102 US

New Principal Place of Business:

501 GOODLETTE ROAD NORTH
SUITE A-200
NAPLES, FL 34102 US

Current Mailing Address:

501 GOODLETTE ROAD NORTH
BLDG D-100, SUITE 12
NAPLES, FL 34012 US

New Mailing Address:

501 GOODLETTE ROAD NORTH
SUITE A-200
NAPLES, FL 34012 US

FEI Number: 65-0830730

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ATKINSON, DAVID H
4050 SEA GRAPE CIRCLE
DELRAY BEACH, FL 33445 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ATKINSON, DAVID H
Address: 4050 SEA GRAPE CIRCLE
City-St-Zip: DELRAY BEACH, FL 33445

Title: VSTD () Delete
Name: ATKINSON, GISELE N
Address: 4050 SEA GRAPE CIRCLE
City-St-Zip: DELRAY BEACH, FL 33445

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DAVID ATKINSON

PD

04/27/2005

Electronic Signature of Signing Officer or Director

Date