

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000088687

1. Entity Name
IN STORE MEDIA, INC.



Principal Place of Business
4720 W CYPRESS STREET 1ST FLOOR
TAMPA, FL 33607

Mailing Address
4720 W CYPRESS STREET 1ST FLOOR
TAMPA, FL 33607



04222004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3527765

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RILEY, SCOTT P
4720 W CYPRESS STREET 1ST FLOOR
TAMPA, FL 33607

**DO NOT WRITE
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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

UN00000136939
04/28/04-80102-018 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PARKER, JEFFREY R 4720 W CYPRESS ST TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT RILEY, SCOTT P 4720 W CYPRESS ST TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS POPSON, JOHN 4720 W CYPRESS ST TAMPA, FL 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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

Scott P. Riley

Date

4/22/04

Daytime Phone #

(813) 282-8999