


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90013 031 ***150.00

DOCUMENT # P99000065568

1. Entity Name
MEDIA OPTIONS, INC.



Principal Place of Business
**2978 GIVERNY CIR.
 TALLAHASSEE, FL 32309**

Mailing Address
**PO BOX 16091
 TALLAHASSEE, FL 32317**

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



03172004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent
**THOMPSON, MAUREEN L
 2978 GIVERNY CIR.
 TALLAHASSEE, FL 32308**

7. Name and Address of New Registered Agent
 Name: *no change*
 Street Address (P.O. Box Number is Not Acceptable):
 City: *no change* **FL** Zip Code: *32309*

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: *Maureen L Thompson* DATE: *3/17/04*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSD THOMPSON, MAUREEN L 2978 GIVERNY CIR TALLAHASSEE, FL 32309 | <input type="checkbox"/> Delete |
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---|
| 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: *Maureen L Thompson* DATE: *3/17/04* 850 6680948
Signature and typed or printed name of signing officer or director Date Daytime Phone #