


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2004 8:00 am**  
**Secretary of State**

03-03-2004 90005 025 \*\*\*150.00

<b>DOCUMENT # P99000084305</b>	
1. Entity Name IMAGE ALLIANCE MEDIA, INC.	

Principal Place of Business 816 BRYAN PLACE FORT LAUDERDALE, FL 33312	Mailing Address 816 BRYAN PLACE FORT LAUDERDALE, FL 33312
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00400000



**DO NOT WRITE IN THIS SPACE**

01082004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0951968	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WEISSBACH, THOMAS R 635 SW 1ST AVENUE FORT LAUDERDALE, FL 33301
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**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 date if applicable. (NOTE: Registered Agent's 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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEISSBACH, THOMAS R 816 BRYAN PLACE FORT LAUDERDALE, FL 33312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEISSBACH, CONNIE J 816 BRYAN PLACE FORT LAUDERDALE, FL 33312
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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: Connie J. Weissbach, CONNIE J. WEISSBACH APRIL 1, 2004  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

954-523-0906