

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90333 037 \*\*\*150.00

**DOCUMENT # P99000086849**

1. Entity Name  
**QUANTEX MEDIA SALES, INC.**



Principal Place of Business  
~~3600 SOUTHWEST 50TH AVE., STE. E~~  
~~DAWIE, FL 33314~~

Mailing Address  
3736 SW 30TH AVE  
HOLLYWOOD, FL 33312

**14001414**

2. Principal Place of Business  
3736 SW 30 Ave  
Suite, Apt. #, etc.

3. Mailing Address  
3736 SW 30 Ave  
Suite, Apt. #, etc.



04092004 Chg-P CR2E034 (10/03)

City & State  
**FORT LAUDERDALE, FL**  
City & State  
**FORT LAUDERDALE, FL**  
Zip  
**33312** Country  
**USA** Zip  
**33312** Country  
**USA**

4. FEI Number  
**65-0958026**  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

**MEYER, LUTZ H**  
**3736 SW 30TH AVE**  
**FORT LAUDERDALE, FL 33312**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
**FL** Zip Code

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]* President DATE *4-9-04*  
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  
**PD**  
**MEYER, LUTZ H**  
**5521 REYNOLDS RD.**  
**LAKE WORTH, FL 33467** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VSD**  
**VERITE, JORDI FERRANDO**  
**115 E. DI LIDO DR.**  
**MIAMI BEACH, FL 33139** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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]* President DATE *4/9/04* 954 791 9797  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #