

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 18, 2005 8:00 am**  
**Secretary of State**

02-18-2005 90049 004 \*\*\*150.00

**DOCUMENT # P99000089314**

1. Entity Name  
**HAWK MEDIA, INC.**



Principal Place of Business  
**4318 DOWNTOWNER LOOP NORTH, SUITE D  
MOBILE, AL 36609**

Mailing Address  
**4318 DOWNTOWNER LOOP NORTH, SUITE D  
MOBILE, AL 36609**

**50017188**



02142005 Chg-P CR2E034 (10/03)

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**65-0988537**

Applied For  
Not Applicable

Zip Country

Zip Country

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

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

**AMERICAN INFORMATION SERVICES, INC.  
ONE S.E. 3RD AVENUE, 28TH FLOOR  
MIAMI, FL 33131**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE **VT** ☐ Delete  
NAME **BRANDEN, CRIS V**  
STREET ADDRESS **450 E LAS OLAS BLVD 15 FLOOR**  
CITY-ST-ZIP **FORT LAUDERDALE, FL 33301**

TITLE **S** ☐ Delete  
NAME **HANDLEY, RICHARD L**  
STREET ADDRESS **450 E LAS OLAS BLVD 15 FLOOR**  
CITY-ST-ZIP **FORT LAUDERDALE, FL 33301**

TITLE **PCEO** ☐ Delete  
NAME **HAWKINS, DARE W**  
STREET ADDRESS **4318 DOWNTOWNER LOOP NORTH, SUITE D**  
CITY-ST-ZIP **MOBILE, AL 36609**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE **DVT** ☒ Change ☐ Addition  
NAME **Branden, Cris V**  
STREET ADDRESS **450 E Las Olas Blvd 15 Floor**  
CITY-ST-ZIP **Fort Lauderdale, FL 33301**

TITLE **D** ☐ Change ☒ Addition  
NAME **Carlos Vidueira**  
STREET ADDRESS **450 E. Las Olas Blvd 15 Floor**  
CITY-ST-ZIP **Fort Lauderdale, FL 33301**

TITLE **D** ☐ Change ☒ Addition  
NAME **H Wayne Huizenga, Jr.**  
STREET ADDRESS **450 E. Las Olas Blvd 15 Floor**  
CITY-ST-ZIP **Fort Lauderdale, FL 33301**

TITLE **D PCEO** ☒ Change ☐ Addition  
NAME **Hawkins, Dare W**  
STREET ADDRESS **4318 DOWNTOWNER LOOP NORTH, SUITE D**  
CITY-ST-ZIP **Mobile, AL 36609**

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

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

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 Date Daytime Phone #