

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000091690

FILED  
Apr 26, 2005  
Secretary of State

Entity Name: ORION MEDIA ASSOCIATES, INC.

**Current Principal Place of Business:**

5 MIRACLE STRIP LOOP  
STE 16  
PANAMA CITY BEACH, FL 32407 US

**New Principal Place of Business:**

239 LULLWATER DRIVE  
PANAMA CITY BEACH, FL 32413 US

**Current Mailing Address:**

P.O. BOX 18859  
PANAMA CITY BEACH, FL 32417

**New Mailing Address:**

FEI Number: 59-3605989      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROGERS, TIMOTHY  
239 LULLWATER DRIVE  
PANAMA CITY BEACH, FL 32413 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CLARK, CYNTHIA G  
Address: PO BOX 18859  
City-St-Zip: PANAMA CITY BEACH, FL 32407

Title: V ( ) Delete  
Name: CLARK, ALFRED  
Address: PO BOX 18859  
City-St-Zip: PANAMA CITY BEACH, FL 32407

Title: T ( ) Delete  
Name: ROGERS, TIMOTHY  
Address: 239 LULLWATER DRIVE  
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: S ( ) Delete  
Name: ROGERS, DIANE  
Address: 239 LULLWATER DRIVE  
City-St-Zip: PANAMA CITY BEACH, FL 32413

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY ROGERS

T

04/26/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date