

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90279 046 ***150.00

DOCUMENT # P99000092009 1. Entity Name IMPACT MEDIA PRODUCTIONS, INC.																											
Principal Place of Business 6322 PALMS DELMAR 104 SAINT PETERSBURG, FL 33715		Mailing Address 6322 PALMS DELMAR 104 SAINT PETERSBURG, FL 33715																									
2. Principal Place of Business <i>133 CATALAN NE</i> Suite, Apt. #, etc.		3. Mailing Address <i>133 CATALAN NE</i> Suite, Apt. #, etc.																									
City & State <i>ST. PETERSBURG, FL</i> Zip <i>33704</i> Country <i>USA</i>		City & State <i>ST. PETERSBURG, FL</i> Zip <i>33704</i> Country <i>USA</i>																									
4. FEI Number 59-3605537		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 3623 W KENNEDY BLVD. TAMPA, FL 33609		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 <i>George McNulty</i> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">PTSD</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MCNULTY, GEORGE A</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>133 CATALAN BOULEVARD NORTHEAST</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>SAINT PETERSBURG, FL 33704</td> <td></td> </tr> </table>		TITLE	PTSD	<input type="checkbox"/> Delete	NAME	MCNULTY, GEORGE A		STREET ADDRESS	133 CATALAN BOULEVARD NORTHEAST		CITY - ST - ZIP	SAINT PETERSBURG, FL 33704		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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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: <i>George McNulty</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <i>Apr 26, 2005</i> Daytime Phone # <i>727-821 0905</i>																									