

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000104622

1. Entity Name  
BLACK CAT NEWS, INC.



FILED

04 APR 30 PM 12:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1114-H THOMASVILLE ROAD  
TALLAHASSEE, FL 32303

Mailing Address  
1114-H THOMASVILLE ROAD  
TALLAHASSEE, FL 32303

2. Principal Place of Business  
1114-H Thomasville Rd.  
Suite, Apt. #, etc.

3. Mailing Address  
1114-H Thomasville Rd.  
Suite, Apt. #, etc.



04302004 Chg-P CR2E034 (10/03)

City & State  
Tallahassee FL  
Zip  
32303  
Country  
USA

City & State  
Tallahassee FL  
Zip  
32303  
Country  
USA

4. FEI Number  
59-3619559  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

DAY, ANGELA  
1114H THOMASVILLE ROAD  
TALLAHASSEE, FL 32303

7. Name and Address of New Registered Agent

Name  
Day, Angela  
Street Address (P.O. Box Number is Not Acceptable)  
1114H Thomasville Rd.  
City  
Tallahassee FL Zip Code  
32303

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 title if applicable. (NOTE: Registered Agent 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  
P  
DAY, ANGELA  
1114 H THOMASVILLE ROAD  
TALLAHASSEE, FL 32303 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
DAY, ROGER  
1114 THOMASVILLE ROAD  
TALLAHASSEE, FL 32303 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Day, Angela  
1114 H Thomasville Rd  
Tallahassee, FL 32303 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Day, Angela  
1114 H Thomasville Rd  
Tallahassee, FL 32303 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
600036058588  
05/11/04--01052--015 \*\*150.00 ☒ Change ☐ Addition

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

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

TITLE  
NAME  
STREET ADDRESS  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/04 222.1920