

2004 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

FILED  
May 03, 2004 08:00 AM  
Secretary of State

DOCUMENT #  
1. Entity Name  
T V NEWS MAGAZINE INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
P O BOX 6418  
Suite, Apt. #, etc.  
City & State  
DAYTONA BEACH, FL  
Zip  
32122  
Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip  
Country

DO NOT WRITE IN THIS SPACE

4. FEI Number  
59-3040213  
Applied For  
Not Applicable  
5. Certificate of Status Desired  
\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL  
Zip Code

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IN THIS SPACE

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

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State  
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  
EUGENE R MCMAHON  
P O BOX 6418  
DAYTONA BEACH, FL 32122  
DANIEL P MCMAHON  
P O BOX 6418  
DAYTONA BEACH, FL 32122

11.  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DO NOT WRITE  
IN THIS SPACE

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 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 #