

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90195 033 ***150.00

DOCUMENT # S78160

1. Entity Name

PALM BEACH MEDIA GROUP INC.



Principal Place of Business

**1000 N DIXIE HWY
SUITE C**

W PALM BEACH, FL 33401 US

Mailing Address

**11390 12 OAKS WAY
STE 520**

N PALM BEACH, FL 33408 US

DO NOT WRITE IN THIS SPACE



02042004

No Chg-P

CR2E034 (10/03)

4. FEI Number

65-0286289

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

POWELL KAREN M.

11390 12 OAKS WAY # 520

NORTH PALM BEACH, FL 33408

**DO NOT WRITE
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 _____

**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
**RC
WOODS, RONALD J
11390 12 OAKS WAY, STE 520
N PALM BEACH, FL 33408**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
POWELL, KAREN
11390 12 OAKS WAY, #520
N PALM BEACH, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
TOWLE, JOHN R
25 BELLE MEADE
GROSSE POINTE, MI 48236**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
William R Wehrman
11308 Glen Oaks Court
N. Palm Beach, FL 33408**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 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

4/29/04

Date

561-775-5813

Daytime Phone #