

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S78160

FILED  
Apr 30, 2005  
Secretary of State

Entity Name: PALM BEACH MEDIA GROUP INC.

## Current Principal Place of Business:

1000 N DIXIE HWY  
SUITE C  
W PALM BEACH, FL 33401 US

## New Principal Place of Business:

## Current Mailing Address:

11390 12 OAKS WAY  
STE 520  
N PALM BEACH, FL 33408 US

## New Mailing Address:

FEI Number: 65-0286289      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

POWELL KAREN M.  
11390 12 OAKS WAY # 520  
NORTH PALM BEACH, FL 33408 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: RC ( ) Delete  
Name: WOODS, RONALD J  
Address: 11390 12 OAKS WAY, STE 520  
City-St-Zip: N PALM BEACH, FL 33408

Title: ST ( ) Delete  
Name: POWELL, KAREN,  
Address: 11390 12 OAKS WAY, #520  
City-St-Zip: N PALM BEACH, FL

Title: V ( ) Delete  
Name: TOWLE, JOHN R  
Address: 25 BELLE MEADE  
City-St-Zip: GROSSE POINTE, MI 48236

Title: P ( ) Delete  
Name: WEHRMAN, WILLIAM R  
Address: 11308 GLEN OAKS COURT  
City-St-Zip: NORTH PALM BEACH, FL 33408

## 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: KAREN M. POWELL

ST

04/30/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date