

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # V50155

1. Entity Name
NRC MEDIA CREATIONS, INC.



Principal Place of Business

2500 N MILITARY TR
SUITE 480
BOCA RATON, FL 33431 US

Mailing Address

2 CENTRAL AV
NEWBURGH, NY 12550 US

DO NOT WRITE IN THIS SPACE



04272004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0357351

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BDB AGENT CO
2500 N MILITARY TR
SUITE 480
BOCA RATON, FL 33431

**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
P
MORGAN, NANCY
3984 COCOPLUM CIR
COCONUT CREEK, FL 33063

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
JACKSON, CHRISTOPHER L
710 N.E. 47TH STREET
FORT LAUDERDALE, FL 33334

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
RISKO, KEAN R
2 CENTRAL AV
NEWBURGH, NY 12550

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

(Signature)
SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR
KEAN R. RISKO
SECRETARY

Date
4/26/04 845 235 6388
Daytime Phone #