

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2007 08:00 AM
Secretary of State

DOCUMENT # F00000004816

1. Entity Name
EMPOWER MEDIAMARKETING, INC.



Principal Place of Business
**1111 ST GREGORY STREET
CINCINNATI, OH 45202**

Mailing Address
**1111 ST GREGORY STREET
CINCINNATI, OH 45202**



01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
31-1159220

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PISTULKA, MARGARET D
5455 NW 121ST AVENUE
CORAL SPRINGS, FL 33076**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U000000645290
03/02/07-80079-005 150.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MCHALE, BRIAN J
STREET ADDRESS	2712 ROYALWOODS COURT
CITY-ST-ZIP	CINCINNATI, OH 45244
TITLE	C
NAME	PRICE, WILLIAM C
STREET ADDRESS	900 ADAMS CROSSING STE 5300
CITY-ST-ZIP	CINCINNATI, OH 45202
TITLE	TS
NAME	VEIL, LYNNE C
STREET ADDRESS	975 CHESTERTON WAY
CITY-ST-ZIP	CINCINNATI, OH 45230
TITLE	D
NAME	LOWRY, JOSEPH M
STREET ADDRESS	459 TAM O SHANTER CTNE
CITY-ST-ZIP	CINCINNATI, OH 45202
TITLE	D
NAME	PRICE, MARY E
STREET ADDRESS	900 ADAMS CROSSING STE 5300
CITY-ST-ZIP	CINCINNATI, OH 45202
TITLE	V
NAME	BENTZINGER, SUSAN
STREET ADDRESS	1160 COVENTRY WOODS DRIVE
CITY-ST-ZIP	CINCINNATI, OH 45230

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

2/19/07

Date

513-78-6236

Daytime Phone #