

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000004816

FILED  
Jan 09, 2008  
Secretary of State

Entity Name: EMPOWER MEDIAMARKETING, INC.

## Current Principal Place of Business:

1111 ST GREGORY STREET  
CINCINNATI, OH 45202

## New Principal Place of Business:

## Current Mailing Address:

1111 ST GREGORY STREET  
CINCINNATI, OH 45202

## New Mailing Address:

FEI Number: 31-1159220

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PISTULKA, MARGARET D  
5455 NW 121ST AVENUE  
CORAL SPRINGS, FL 33076 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: P ( ) Delete  
Name: MCHALE, BRIAN J  
Address: 2712 ROYALWOODS COURT  
City-St-Zip: CINCINNATI, OH 45244

Title: C ( ) Delete  
Name: PRICE, WILLIAM C  
Address: 900 ADAMS CROSSING STE 5300  
City-St-Zip: CINCINNATI, OH 45202

Title: TS ( ) Delete  
Name: VEIL, LYNNE C  
Address: 975 CHESTERTON WAY  
City-St-Zip: CINCINNATI, OH 45230

Title: D ( ) Delete  
Name: LOWRY, JOSEPH M  
Address: 459 TAM O SHANTER CTNE  
City-St-Zip: CINCINNATI, OH 45202

Title: D ( ) Delete  
Name: PRICE, MARY E  
Address: 900 ADAMS CROSSING STE 5300  
City-St-Zip: CINCINNATI, OH 45202

Title: V ( ) Delete  
Name: BENTZINGER, SUSAN  
Address: 1160 COVENTRY WOODS DRIVE  
City-St-Zip: CINCINNATI, OH 45230

## 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:

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 exemption stated 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 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: JOSEPH M. LOWRY

D

01/09/2008

Electronic Signature of Signing Officer or Director

Date