

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000000391

FILED
Apr 24, 2007
Secretary of State

Entity Name: LINCOLN FINANCIAL MEDIA COMPANY OF FLORIDA

Current Principal Place of Business:

20450 NORTHWEST SECOND AVE.
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

100 N. GREENE STREET
GREENSBORO, NC 27401

New Mailing Address:

FEI Number: 02-0574908 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: D () Delete
Name: STONE, THERESA M
Address: 20450 NORTHWEST SECOND AVE.
City-St-Zip: MIAMI, FL 33169

Title: TD () Delete
Name: WEATHERLY, JOSEPH E
Address: 100 N. GREEN STREET
City-St-Zip: GREENSBORO, NC 27401

Title: SD () Delete
Name: PORTER, LEON E
Address: 100 N. GREENE STREET
City-St-Zip: GREENSBORO, NC 27401

Title: V () Delete
Name: COLLINS, DENNIS
Address: 20450 NORTHWEST SECOND AVE.
City-St-Zip: MIAMI, FL 33169

Title: P (X) Delete
Name: BENSON, DONALD R
Address: 3350 PEACHTREE ROAD NE
City-St-Zip: ATLANTA, GA 30326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BENSON, ROBERT D
Address: 3350 PEACHTREE ROAD NE
City-St-Zip: ATLANTA, GA 30326

Title: TREA (X) Change () Addition
Name: JAMES, LAURA A
Address: 100 N. GREENE STREET
City-St-Zip: GREENSBORO, NC 27401

Title: SVP (X) Change () Addition
Name: PORTER, LEON E
Address: 100 N. GREENE STREET
City-St-Zip: GREENSBORO, NC 27401

Title: SVP (X) Change () Addition
Name: COLLINS, DENNIS P
Address: 20450 NORTHWEST SECOND AVE.
City-St-Zip: MIAMI, FL 33169

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 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: LEON E. PORTER

SVP

04/24/2007

Electronic Signature of Signing Officer or Director

_____ Date