

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000000705

FILED
Feb 08, 2007
Secretary of State

Entity Name: FIRST COAST DYNAMIC MEDIA, INC.

Current Principal Place of Business:

10160 INDIAN PRINCESS RD. W
JACKSONVILLE, FL 32257

New Principal Place of Business:

Current Mailing Address:

10160 INDIAN PRINCESS RD. W
JACKSONVILLE, FL 32257

New Mailing Address:

FEI Number: 20-2171227

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERGUSON, MARY
10160 INDIAN PRINCESS RD. W.
JACKSONVILLE, FL 32257 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: PD () Delete
Name: FERGUSON, JAMES T
Address: 10160 INDIAN PRINCESS RD W
City-St-Zip: JACKSONVILLE, FL 32257

Title: VSTD () Delete
Name: FERGUSON, MARY
Address: 10160 INDIAN PRINCESS RD W
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: MARY FERGUSON

VP

02/08/2007

Electronic Signature of Signing Officer or Director

_____ Date