


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000054992
 1. Entity Name
 SPECTRUM COMMUNICATIONS MEDIA GROUP, INC.



Principal Place of Business Mailing Address
 300 PARK BLVD. P.O. BOX 877
 OLDSMAR, FL 34677 SAFETY HARBOR, FL 34695

DO NOT WRITE IN THIS SPACE



01052006 No Chg-P CRZE034 (11/05)

4. FEI Number Applied For
 59-3652057 Not Applicable

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

6. Name and Address of Current Registered Agent
 SILVA, LINDA
 300 PARK BLVD
 SAFETY HARBOR, FL 34677

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: *Linda Silva* DATE: 2-1-06

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$160.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

000000418673
 02/14/06-80016-022 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SILVA, LINDA
STREET ADDRESS	300 PARK BLVD
CITY-ST-ZIP	OLDSMAR, FL 34677
TITLE	VD
NAME	HALL, JACK
STREET ADDRESS	300 PARK BLVD.
CITY-ST-ZIP	OLDSMAR, FL 34677
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 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: *Linda Silva* Linda Silva 2-1-06 727-724-8433

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #