

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90191 047 ***150.00

DOCUMENT # P02000062561	
1. Entity Name BLUE SKY MEDIA, INC.	

Principal Place of Business 990 FIRST AVENUE SOUTH UNIT 202 NAPLES FL 34102	Mailing Address 990 FIRST AVENUE SOUTH UNIT 202 NAPLES FL 34102
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

400000100



1st MOORE CR2E034 (10/05)

4. FEI Number 04-3678376	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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.

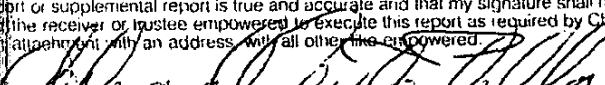
SIGNATURE _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	NAME
PD	CRISTANTELO, AMANDA
STREET ADDRESS	990 FIRST AVENUE SOUTH
CITY-ST-ZIP	NAPLES FL 34102
TITLE	NAME
STD	CRISTANTELO, EDWARD A
STREET ADDRESS	990 FIRST AVENUE SOUTH
CITY-ST-ZIP	NAPLES FL 34102
TITLE	NAME
VD	CRISTANTELO, ANGELA M
STREET ADDRESS	990 FIRST AVENUE SOUTH
CITY-ST-ZIP	NAPLES FL 34102
TITLE	NAME
TITLE	NAME
TITLE	NAME

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME
	PD
STREET ADDRESS	990 1st Ave South
CITY-ST-ZIP	Naples, FL 34102
TITLE	NAME
	STD
STREET ADDRESS	990 1st Ave South
CITY-ST-ZIP	Naples, FL 34102
TITLE	NAME
	PD
STREET ADDRESS	990 1st Ave South
CITY-ST-ZIP	Naples, FL 34102
TITLE	NAME
	STD
STREET ADDRESS	990 1st Ave South
CITY-ST-ZIP	Naples, FL 34102
TITLE	NAME
	VD
STREET ADDRESS	990 1st Ave South
CITY-ST-ZIP	Naples, FL 34102

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, only an address, with all other like empowered.

SIGNATURE:  **4-18-06**

DATE: _____ DAYTIME PHONE: _____