

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000062561

Entity Name: BLUE SKY MEDIA, INC.

FILED
Aug 06, 2007
Secretary of State

Current Principal Place of Business:

990 FIRST AVENUE SOUTH
UNIT 202
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

990 FIRST AVENUE SOUTH
UNIT 202
NAPLES, FL 34102

New Mailing Address:

FEI Number: 04-3678376

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PAUL A. MURRAY, P.A.
5667 NAPLES BOULEVARD
NAPLES, FL 34103 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ESHKENZI, ADIEL
Address: 990 1ST AVE S
City-St-Zip: NAPLES, FL 34102

Title: STD (X) Delete
Name: ESKENAZI, AZARIAH
Address: 990 1ST AVE S
City-St-Zip: NAPLES, FL 34102

Title: VD (X) Delete
Name: ESHKENZI, JOAN
Address: 990 1ST AVE S
City-St-Zip: NAPLES, FL 34102

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:

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: ADIEL J. ESHKENAZI

PD

08/06/2007

Electronic Signature of Signing Officer or Director

Date