

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000091033

Entity Name: AMERICA MEDIA GROUP, CO

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

8211 NW 68 ST
SUITE 100
MIAMI, FL 33166 0

New Principal Place of Business:

10396 STATE ROAD 84
SUITE 114
DAVIE, FL 33324 0

Current Mailing Address:

62 INDIAN TRACE
SUITE 88
WESTON, FL 33326 0

New Mailing Address:

10396 STATE ROAD 84
SUITE 114
DAVIE, FL 33324 0

FEI Number: 74-3102451

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEL VALLE, CECILIA
8211 NW 68 ST
SUITE 100
MIAMI, FL 33166 US

Name and Address of New Registered Agent:

DEL VALLE, CECILIA
10396 STATE ROAD 84
SUITE 114
DAVIE, FL 33324 US

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: CECILIA

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: DEL VALLE, CECILIA
Address: 8211 NW 68 STREET, SUITE 100
City-St-Zip: MIAMI, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change () Addition
Name: DEL VALLE, CECILIA
Address: 10396 STATE ROAD 84 SUITE 114
City-St-Zip: DAVIE, FL 33324

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: CECILIA DEL VALLE

VP

04/29/2009

Electronic Signature of Signing Officer or Director

Date