

Apr. 21. 2008 6:24PM

No. 5534 P. 2

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000035282

1. Entity Name
STRATEGIC MEDIA WORLDWIDE INC.



Principal Place of Business
**311 MISSOURI AVENUE NORTH
SUITE H
LARGO, FL 33770**

Mailing Address
**311 MISSOURI AVENUE NORTH
SUITE H
LARGO, FL 33770**



04212008 No Chg-P CR2E034 (11/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
80-0098761

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**NUGENT, AARON B
910 MAGNOLIA DRIVE
APT. #1
CLEARWATER, FL 33756**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when rechartered)

DATE

**FILE NOW!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000923287
05/16/08-80024-018 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PRES
NUGENT, AARON B
910 MAGNOLIA DRIVE APT. #1
CLEARWATER, FL 33756**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**CEO
KELIHER, ROBERT D
1610 PINELLAS ROAD
BELLEAIR, FL 33756**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

One

Daytime Phone #

April 22, 08 727-588-0015