

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000067505

FILED
Apr 22, 2008
Secretary of State

Entity Name: THE INTEGRATED MEDIA GROUP INC

Current Principal Place of Business:

804 S. DOUGLAS ROAD
SUITE 580
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

804 S. DOUGLAS ROAD
SUITE 580
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 20-5345399

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOZAS, RODOLFO R
804 S. DOUGLAS ROAD
SUITE 580
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

ECHEVARRIA, MARIA P
804 S. DOUGLAS ROAD
SUITE 580
CORAL GABLES, FL 33134 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: MARIA PAZ ECHEVARRIA

04/22/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BOZAS, RODOLFO R
Address: 2341 SW 10TH STREET
City-St-Zip: MIAMI, FL 33135

Title: D () Delete
Name: FERNANDEZ, GEMMA
Address: 11353 NW 65 STREET
City-St-Zip: DORAL, FL 33178

Title: D () Delete
Name: SEGRETO, LUIGI
Address: 4805 NASH DRIVE
City-St-Zip: THE COLONY, TX 75056

Title: D () Delete
Name: ECHEVARRIA, MARIA P
Address: 112 SW 23 ROAD
City-St-Zip: MIAMI, FL 33129

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:

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: MARIA PAZ ECHEVARRIA

D

04/22/2008

Electronic Signature of Signing Officer or Director

Date