

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

08 SEP 22 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000112269		
1. Entity Name CONCEPT OMNI MEDIA GROUP INC		

Principal Place of Business 2085 POLO GARDEN DRIVE SUITE B3-204 WELLINGTON, FL 33414 US	Mailing Address 2085 POLO GARDEN DRIVE SUITE B3-204 WELLINGTON, FL 33414 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



09042008 Chg-P CR2E034 (12/06)

4. FEI Number **26-1206414** Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent SHERMAN, MARTIN 2085 POLO GARDEN DRIVE SUITE B3-204 WELLINGTON, FL 33414
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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: Sherman Martin SHERMAN MARTIN 9/19/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when translating) DATE

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHERMA, MARTIN 2085 POLO GARDEN DRIVE, SUITE: B3-204 WELLINGTON, FL 33414 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 600136246676 09/23/08--01016--014 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 fee empowered.

SIGNATURE: Sherman Martin SHERMAN MARTIN 9/19/08 361-601-1178
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CONCEPT OMNI MEDIA GROUP INC

2085 POLO GARDEN DR.
WELLINGTON, FL 33414
PH: 561-601-1178

Wednesday, July 30, 2008

CONCEPT OMNI MEDIA GROUP INC.

2085 POLO GARDEN DRIVE
SUITE B3-204
WELLINGTON, FL 33414
DOC# P07000112269

Florida Depart. Of State
Secretary of State
Division of Corporation
P.O.Box 8700
Tallahassee, FL 32314

Dear Representative,

We did not received an annual report notice, as a result, we were not notified of an annual payment of the above Corporation. However, a state representative informed us to put the above in writing along with the payment and we will be reinstated.

Please see our check for \$150. We will be making our payment soon, before May 1st. in the future.



SHERMAN MARTIN
President