
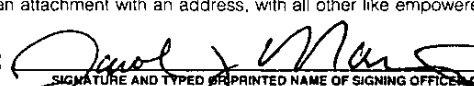


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90189 014 \*\*\*150.00

<b>DOCUMENT # P01000004544</b> 1. Entity Name <b>3RC MEDIA, INC.</b>			
Principal Place of Business <b>313 IRIS ST. ANNA MARIA FL 34216</b>		Mailing Address <b>P.O. BOX 764 ANNA MARIA FL 34216</b>	
2. Principal Place of Business <b>512 Bayview Place</b> Suite, Apt. #, etc.	3. Mailing Address <b>PO Box 764</b> Suite, Apt. #, etc.		
City & State <b>Anna Maria FL</b> Zip <b>34216</b>	City & State <b>Anna Maria FL</b> Zip <b>34216</b>		
6. Name and Address of Current Registered Agent  <b>MARTIN, JACOB 313 IRIS ST. ANNA MARIA FL 34216</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>D</b> <input type="checkbox"/> Delete NAME <b>MARTIN, JACOB</b> STREET ADDRESS <b>313 IRIS ST.</b> CITY-ST-ZIP <b>ANNA MARIA FL 34216</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.			
<b>SIGNATURE:</b>  _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
<small>Date</small>		<small>Daytime Phone #</small>	



1st MOORE CR2E034 (10/05)