

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 11, 2007 8:00 am
Secretary of State

09-11-2007 90006 018 ***150.00

DOCUMENT # J59484

1. Entity Name
MARCH MEDIA, INC.



Principal Place of Business
**4404 NEWPORT DRIVE
NEW PORT RICHEY, FL 34652**

Mailing Address
**P.O. BOX 308
NEW PORT RICHEY, FL 34656-0308**

40132075



08232007 Chg-P CR2E034 (12/06)

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

4. FEI Number

59-2780762

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILDER, FRED J
407 S EWING AVENUE
CLEARWATER, FL 33756-5766**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

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.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **BOYCE, WILLIAM H**
STREET ADDRESS **4044 NEW PORT DR**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34652**

TITLE **P** ☒ Change ☐ Addition
NAME **William H. Boyce (Deceased)**
STREET ADDRESS **P. O. Box 308**
CITY-ST-ZIP **New Port Richey, Florida 34656-0308**

TITLE **VPS** ☐ Delete
NAME **BELINKOFF, ALAN**
STREET ADDRESS **1640 SOUTH SEPULVEDA BLVD 5-112**
CITY-ST-ZIP **LOS ANGELES, CA 90025**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Alan Belinkoff, V President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/13/07
Date

(310) 479-1990
Daytime Phone #