2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 459462

1. Entity Name
MEDIA CONCEPTS, INC.

Principal Place of Business	Mailing Address
559 49TH STREET SOUTH ST PETERSBURG, FL 33707	559 49TH STREET SOUTH ST PETERSBURG, FL 33707

DO NOT WRITE IN THIS SPACE

01062007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-1559994	Not Applicable

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

6. Name and Address of Current Registered Agent

SKIDMORE, CHARLES
3143A 37TH LANE S
ST. PETERSBURG, FL 33711

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 reinstating)

U00000581231
01/10/07-80079-013 150.00
DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SKIDMORE, CHARLES W R
STREET ADDRESS	7984 SAILBOAT KEY BLVD #301
CITY-ST-ZIP	SAINT PETERSBURG, FL 33707

TITLE	VTD
NAME	GALLAGHER, JOHN P
STREET ADDRESS	1316 PASADENA AVE. #401
CITY-ST-ZIP	ST. PETERSBURG, FL

TITLE	VPOV
NAME	SMITH, RICHARD JR
STREET ADDRESS	7900 55TH WAY NORTH
CITY-ST-ZIP	PINELLAS PARK, FL 33781

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   Date   Daytime Phone #