

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90217 012 ***150.00

DOCUMENT # 541365 1. Entity Name MULTIPHRENIC MEDIA, INC.			
Principal Place of Business 4902 SW 72 AVENUE MIAMI, FL 33155		Mailing Address 4902 SW 72 AVENUE MIAMI, FL 33155	
2. Principal Place of Business - No P.O. Box # 13155 SW 132 AVE Suite, Apt. #, etc.		3. Mailing Address 13155 SW 132 AVE Suite, Apt. #, etc.	
City & State MIAMI FL Zip Country 33186 USA		City & State MIAMI FL Zip Country 33186 USA	
4. FEI Number 59-1753232		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LARSSON, H.V. STEPHEN 4902 SW 72 AVENUE MIAMI, FL 33155		7. Name and Address of New Registered Agent Name (SAME REGISTERED AGENT) Street Address (P.O. Box Number is Not Acceptable) 13155 SW 132 AVE City MIAMI FL Zip Code 33186	
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>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete LARSSON, H.V. STEPHEN 4902 SW 72 AVENUE MIAMI, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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:		H. V. STEPHEN LARSSON APRIL 21 '08 305 662-0118	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	