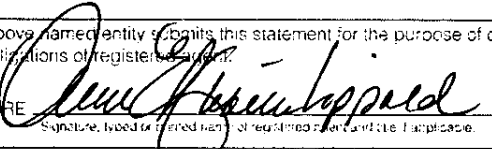
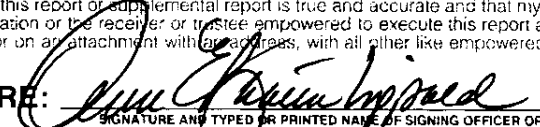


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90012 029 ***158.75

DOCUMENT # 842194			
1. Entity Name MEDIA-PAC, INC.			
Principal Place of Business 8660-150 COLLEGE PARKWAY FORT MYERS FL 33919		Mailing Address 8660-150 COLLEGE PARKWAY FORT MYERS FL 33919	
2. Principal Place of Business - No P.O. Box # 12065 METRO PARKWAY		3. Mailing Address 12065 METRO PARKWAY,	
Suite, Apt. #, etc. 203		Suite, Apt. #, etc. 203	
City & State FORT MYERS		City & State FORT MYERS	
Zip 33966	Country LEE	Zip 33966	Country LEE
6. Name and Address of Current Registered Agent LIPPOLD, F LEWIS 8660-150 COLLEGE PKWY FT MYERS FL 33919		7. Name and Address of New Registered Agent Name ANN LIPPOLD Street Address (P.O. Box Number is Not Acceptable) 12065 METRO PARKWAY SUITE 203 City FORT MYERS FL Zip Code 33966	
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 		ANN E. LIPPOLD 1-25-08	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution: ☐ \$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	SD ISAACSON, KENNETH L 101 8TH AVE N BOX 406 ST JAMES MN ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LIPPOLD, F LEWIS 1043 CARELLLEN DR FORT MYERS FL ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD LIPPOLD, ANN E. 1043 CLARELLLEN DRIVE FORT MYERS FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition LIPPOLD, ANN E. 1043 CLARELLLEN DRIVE FORT MYERS, FLA 33919
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
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 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.			
SIGNATURE: 		1-25-08 239 481 3080	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	