

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001210

FILED
Apr 28, 2008
Secretary of State

Entity Name: EDUCATIONAL MEDIA FOUNDATION INCORPORATED

Current Principal Place of Business:

5700 WEST OAKS BLVD
ROCKLIN, CA 95765

New Principal Place of Business:

Current Mailing Address:

5700 WEST OAKS BLVD
ROCKLIN, CA 95765

New Mailing Address:

FEI Number: 94-2816342 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: KALLINA, EMIL
Address: 5700 W OAKS BLVD
City-St-Zip: ROCKLIN, CA 95765

Title: DIR () Delete
Name: FERRY, DAVID
Address: 5700 W OAKS BLVD
City-St-Zip: ROCKLIN, CA 95765

Title: P () Delete
Name: JENKINS, RICHARD
Address: 5700 WEST OAKS BLVD.
City-St-Zip: ROCKLIN, CA 95765

Title: D () Delete
Name: MASON, TOM
Address: 5700 WEST OAKS BLVD
City-St-Zip: ROCKLIN, CA 95765

Title: D () Delete
Name: ANTONELLI, DAN
Address: 5700 W OAKS BLVD
City-St-Zip: ROCKLIN, CA 95765

Title: S () Delete
Name: WHIPPLE, KEITH
Address: 5700 W OAKS BLVD
City-St-Zip: ROCKLIN, CA 95765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CEO (X) Change () Addition
Name: JENKINS, RICHARD
Address: 5700 WEST OAKS BLVD.
City-St-Zip: ROCKLIN, CA 95765

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: TAYLOR, JON
Address: 5700 W OAKS BLVD
City-St-Zip: ROCKLIN, CA 95765

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JON TAYLOR

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04/28/2008

Electronic Signature of Signing Officer or Director

Date