

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001941

FILED
Sep 06, 2006
Secretary of State

Entity Name: MEDIASpan GROUP, INC.

Current Principal Place of Business:

620 DAVIS DRIVE
SUITE 220
MORRISVILLE, NC 27560

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 97308
RALEIGH, NC 27624

New Mailing Address:

FEI Number: 56-2256332

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: CAMPAGNONI, FRANK
Address: 620 DAVIS DRIVE, SUITE 220
City-St-Zip: MORRISVILLE, NC 27560

Title: S () Delete
Name: OWEN, WILLIAM H
Address: 620 DAVIS DRIVE, SUITE 220
City-St-Zip: MORRISVILLE, NC 27560

Title: D (X) Delete
Name: KILBORNE, BRIGGS
Address: 620 DAVIS DRIVE, SUITE 220
City-St-Zip: MORRISVILLE, NC 27560

Title: D () Delete
Name: CAMPAGNONI, FRANK
Address: 620 DAVIS DRIVE, SUITE 220
City-St-Zip: MORRISVILLE, NC 27560

Title: D () Delete
Name: MILLER, NORVELL
Address: 620 DAVIS DRIVE, SUITE 220
City-St-Zip: MORRISVILLE, NC 27560

Title: D () Delete
Name: LLOYD, DAVID
Address: 620 DAVIS DRIVE, SUITE 220
City-St-Zip: MORRISVILLE, NC 27560

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: W. H. OWEN

Electronic Signature of Signing Officer or Director

SECY

09/06/2006

_____ Date