

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # F04000001838**

1. Entity Name  
**REACH MEDIA INC.**



Principal Place of Business

**13760 NOEL ROAD  
SUITE 750  
DALLAS, TX 75240-7336**

Mailing Address

**13760 NOEL ROAD  
SUITE 750  
DALLAS, TX 75240-7336**



04132007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**75-3041453**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**CAPITOL CORPORATE SERVICES INC.  
155 OFFICE PLAZA DR.  
SUITE A  
TALLAHASSEE, FL 32301**

**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)

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	C
NAME	JOYNER, THOMAS E
STREET ADDRESS	13760 NOEL ROAD
CITY-ST-ZIP	DALLAS, TX 752407336
TITLE	V
NAME	KANTOR, DAVID
STREET ADDRESS	13760 NOEL ROAD STE 750
CITY-ST-ZIP	DALLAS, TX 752407336
TITLE	P
NAME	JOYNER, OSCAR
STREET ADDRESS	13760 NOEL ROAD
CITY-ST-ZIP	DALLAS, TX 752407336
TITLE	S
NAME	WEST, ROYCE
STREET ADDRESS	320 S. R.L. THORNTON FRWY, STE 300
CITY-ST-ZIP	DALLAS, TX 75203
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000711523  
04/26/07-80003-023 150.00

**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 #

4/13/07 912-789-1058