## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000001420

Entity Name: NARROWCASTING NETWORK, INC

FILED Apr 02, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Julicut i illicipui i luce di Busiliess.	New i interput i luce of Business.

1535 MORNINGSIDE DR 520 NORTH ORLANDO AVE. MOUNT DORA, FL 32757 SUITE 27

SUITE 27 WINTER PARK, FL 32789

Current Mailing Address: New Mailing Address:

1535 MORNINGSIDE DR 520 NORTH ORLANDO AVE. MOUNT DORA, FL 32757 SUITE 27

WINTER PARK, FL 32789

FEI Number: 04-3826020 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DAIL, GREGORY
547 A SHEALER RD
APOPKA, FL 32703 US
RALPH, PROCTER
274 WILSHIRE BLVD.
SUITE 249

CASSELBERRY, FL 32707 US

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: RALPH PROCTER 04/02/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition FARMER, DONALD FARMER, DONALD Name: Name: 1535 MORNINGSIDE DR 1535 MORNINGSIDE DR Address: Address: City-St-Zip: MOUNT DORA, FL 32757 City-St-Zip: MOUNT DORA, FL 32757

Title: D ( ) Delete Title: SD (X) Change ( ) Addition
Name: DAIL GREGORY Name: GARZON RICHARD

 Name:
 DAIL, GREGORY
 Name:
 GARZON, RICHARD

 Address:
 547A SHEELER RD
 Address:
 147 TOLLGATE TRAIL

 City-St-Zip:
 APOPKA, FL 32703
 City-St-Zip:
 LONGWOOD, FL 32750

Title: D (X) Delete Title: ( ) Change ( ) Addition

 Name:
 GARZON, RICHARD
 Name:

 Address:
 452 OSCEOLA ST SUIT 202
 Address:

 City-St-Zip:
 ALTAMONTE SPRINGS, FL 32701
 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: DONALD FARMER D 04/02/2007