

# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F06000001420

Entity Name: NARROWCASTING NETWORK, INC

FILED  
Aug 27, 2007  
Secretary of State

## Current Principal Place of Business:

520 NORTH ORLANDO AVE.  
SUITE 27  
WINTER PARK, FL 32789

## New Principal Place of Business:

## Current Mailing Address:

520 NORTH ORLANDO AVE.  
SUITE 27  
WINTER PARK, FL 32789

## New Mailing Address:

FEI Number: 04-3826020

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RALPH, PROCTER  
274 WILSHIRE BLVD.  
SUITE 249  
CASSELBERRY, FL 32707 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: CDM ( ) Delete  
Name: GUTHRIE, PHILLIP  
Address: 8113 GLEN ARBOR DRIVE  
City-St-Zip: BALTIMORE, MD 21237

Title: SD ( ) Delete  
Name: GARZON, RICHARD  
Address: 147 TOLLGATE TRAIL  
City-St-Zip: LONGWOOD, FL 32750

Title: D (X) Delete  
Name: REBECK, RON  
Address: 45 SYMRNA DRIVE  
City-St-Zip: DEBARY, FL

Title: D (X) Delete  
Name: PROCTOR, RALPH  
Address: 247 WILSHIRE BLVD, SUITE 249  
City-St-Zip: CASSELBERRY, FL 32707

Title: D (X) Delete  
Name: DAIL, GREGORY  
Address: 6046 WESTGATE DRIVE UNIT 204  
City-St-Zip: ORLANDO, FL 32703

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: RICHARD GARZON

SEC

08/27/2007

Electronic Signature of Signing Officer or Director

Date