## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F06000007280

Entity Name: CRITICAL MASS MEDIA, INC.

FILED Apr 28, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	BASSE ROAI DNIO, TX 782				
Current Mailing Address:			New Mailing Address:		
	BASSE ROAI DNIO, TX 782				
FEI Number:	31-1228174	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of	Current Registered Agent:	Name and Address of	of New Registered Agent:	
1201 HAYS		CE COMPANY 012525 US			
The above in the State		submits this statement for the pu	rpose of changing its registere	ed office or registered agent, or both,	
SIGNATUR	RE:				
	Electro	nic Signature of Registered Ager	t	Date	
Election Can	npaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	MAYS, MARK 200 EAST BAS		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	MAYS, L. LOW 200 EAST BAS		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MAYS, RANDA 200 EAST BAS		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	LEVIN, ANDRE 200 EAST BAS		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	ROSALES, ST 200 EAST BAS		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	COLEMAN, BF 200 EAST BAS		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

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: STEPHANIE ROSALES SRVP 04/28/2008