

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10603

Entity Name: MCLAUGHLIN MEDIA MIX, INC.

FILED
Mar 24, 2009
Secretary of State

Current Principal Place of Business:

631 U.S. HWY.1
SUITE 409
NORTH PALM BEACH, FL 33408 US

New Principal Place of Business:

Current Mailing Address:

416 PIRKLE FERRY ROAD
SUITE K400
CUMMING, GA 30040 US

New Mailing Address:

FEI Number: 59-2049482 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITTINGTON, JANET
17105 72ND ROAD NORTH
LOXAHATCHEE, FL 33470 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCLAUGHLIN, CHARLOTTE
Address: 3990 MONTGLENN TRACE
City-St-Zip: CUMMING, GA 30041

Title: RA () Delete
Name: WHITTINGTON, JANET
Address: 17105 72ND ROAD NORTH
City-St-Zip: LOXAHATCHEE, FL 33470

Title: VPD () Delete
Name: MCLAUGHLIN, DANIEL
Address: 3990 MONTGLENN TRACE
City-St-Zip: CUMMING, GA 30041

Title: TD () Delete
Name: MCLAUGHLIN, CHARLOTTE
Address: 3990 MONTGLENN TRACE
City-St-Zip: CUMMING, GA 30041

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:

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: DANIEL MCLAUGHLIN

VPD

03/24/2009

Electronic Signature of Signing Officer or Director

_____ Date