

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 18, 2008 8:00 am**  
**Secretary of State**

08-18-2008 90003 012 \*\*\*150.00

<b>DOCUMENT # F96000006032</b> 1. Entity Name <b>NEOMEDIA TECHNOLOGIES, INC.</b>			
Principal Place of Business <b>2201 SECOND ST. STE 600 FT MYERS, FL 33901 US</b>		Mailing Address <b>2201 SECOND ST STE 600 FT MYERS, FL 33901 US</b>	
2. Principal Place of Business - No P.O. Box # <b>TWO CONCOURSE PKWY SUITE 500 ATLANTA, GEORGIA 30328 USA</b>		3. Mailing Address <b>TWO CONCOURSE PKWY SUITE 500 ATLANTA, GEORGIA 30328 USA</b>	
4. FEI Number <b>08072008 Chg-P CR2E034 (12/06)</b> <b>36-3680347</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Name and Address of Current Registered Agent <b>BODGE, DAVID A 2201 SECOND ST STE 600 FT MYERS, FL 33901</b>	
7. Name and Address of New Registered Agent Name <b>SCOTT WOMBLE</b> Street Address (P.O. Box Number is Not Acceptable) <b>4209 FLAMINGO BLVD.</b> City <b>PORT CHARLOTTE</b> <b>FL</b> Zip Code <b>33948</b>		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D O'LEARY, GEORGE G 2201 SECOND STREET STE 600 FT MYERS, FL 33901</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>O'LEARY, GEORGE G. TWO CONCOURSE PKWY, SUITE 500 ATLANTA, GA 30328</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>BOBGE, DAVID 2201 SECOND STREET STE 600 FORT MYERS, FL 33901</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>CEO MECREADY, IAIN TWO CONCOURSE PKWY, SUITE 500 ATLANTA, GA 30328</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>FRITZ, WILLIAM E 2201 SECOND STREET STE 600 FORT MYERS, FL 33901</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>CEO SCOTT WOMBLE TWO CONCOURSE PKWY, SUITE 500 ATLANTA, GA 30328</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>FRITZ, CHARLES W 2201 SECOND STREET STE 600 FORT MYERS, FL 33901</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>KEIL, JAMES S. TWO CONCOURSE PKWY, SUITE 500 ATLANTA, GA 30328</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>BARCLAY, A. HAYES 2201 SECOND STREET STE 600 FORT MYERS, FL 33901</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Scott Womble</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>8/14/08</u> <u>678-638-0460</u> <small>Date Daytime Phone #</small>	