

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J84966

Entity Name: FOUNTAIN MEDIA, INC.

FILED
Jan 19, 2009
Secretary of State

Current Principal Place of Business:

14375 S. TAMIAMI TR.
FT. MYERS, FL 33912

New Principal Place of Business:

Current Mailing Address:

14375 S. TAMIAMI TR.
FT. MYERS, FL 33912

New Mailing Address:

FEI Number: 59-2836846

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUDRY, LEON
14375 S. TAMIAMI TRAIL
FORT MYERS, FL 339128943 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: DPT () Delete
Name: GALEANA, FRANK,
Address: 13323 ROSEWOOD LANE
City-St-Zip: NAPLES, FL

Title: VPS () Delete
Name: GALEANA, JERRY,
Address: 13323 ROSEWOOD LANE
City-St-Zip: NAPLES, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: GALEANA, FRANK,
Address: 13323 ROSEWOOD LANE
City-St-Zip: NAPLES, FL 34119 US

Title: VPS (X) Change () Addition
Name: GALEANA, JERRY,
Address: 13323 ROSEWOOD LANE
City-St-Zip: NAPLES, FL 34119 US

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: FRANK GALEANA

DPT

01/19/2009

Electronic Signature of Signing Officer or Director

Date