2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State
01-16-2007 90218 016 ***150.00

DOCUMENT # L74936

1. Entity Name
BEE-LINE MEDIA CORPORATION

Principal Place of Business	Mailing Address
% ROBERT P. HOLD 1600 SUMMERLAND AVENUE WINTER PARK, FL 32789	% ROBERT P. HOLD 1600 SUMMERLAND AVENUE WINTER PARK, FL 32789

60001649

01102007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
301 S. New York Ave		301 S. New York Ave	
Suite, Apt. #, etc.: Ste 200		Suite, Apt. #, etc.: Ste 200	
City & State: Winter Park, FL		City & State: Winter Park, FL	
Zip: 32789	Country: USA	Zip: 32789	Country: USA

4. FEI Number: 59-3077034 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HOLD, ROBERT P. 1600 SUMMERLAND AVENUE WINTER PARK, FL 32789	Name: Street Address (P.O. Box Number is Not Acceptable): 301 S. New York Ave Ste 200 City: Winter Park FL Zip Code: 32789

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: [signature] 1/10/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLD, ROBERT P. 1600 SUMMERLAND AVE. WINTER PARK, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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: [signature] 1/10/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #