

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 11, 2007 8:00 am
Secretary of State

07-11-2007 90074 042 ****61.25

DOCUMENT # N00000006702

1. Entity Name

PROJECT FOR APPLIED MEDIA STUDIES, INC.



Principal Place of Business

**1080 MILANO DR.
NAPLES, FL 34103**

Mailing Address

**1080 MILANO DR.
NAPLES, FL 34103**

40124196



DO NOT WRITE IN THIS SPACE

07042007 No Chg-NP

CR2E037 (4/06)

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WRIGHT, STEPHEN C
1080 MILANO DR.
NAPLES, FL 34103**

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WRIGHT, STEPHEN
STREET ADDRESS	1080 MILANO DR.
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	VD
NAME	WRIGHT, JODIE
STREET ADDRESS	1080 MILANO DR.
CITY-ST-ZIP	NAPLES, FL 34103
TITLE	D
NAME	LIGGETT, KAY
STREET ADDRESS	6135 RATTLE SNAKE HAMMOCK RD
CITY-ST-ZIP	NAPLES, FL 34012
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 617, 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:

Stephen Wright **STEPHEN WRIGHT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/11/07
Date

239-263-3767
Daytime Phone #