

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2008 08:00 AM
Secretary of State

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



01122008 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

DO NOT WRITE IN THIS SPACE

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

U000000786249

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

01/17/08-80033-004 61.25

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	
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, DIRECTOR**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-08 239-263-3767

Date

Daytime Phone #