2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006224

Entity Name: BAY AREA MEDIA NETWORK, INCORPORATED

FILED Jun 05, 2007 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:	
2403 STAT TAMPA, FI	TE STREET L 33609		
Current Mailing Address:		New Mailing Address:	
2403 STATE STREET TAMPA, FL 33609		P.O. BOX 20261 TAMPA, FL 33622	
In accordan	: 59-3573292 FEI Number Applied For() FEI Nuce with s. 607.193(2)(b), F.S., the corporation did not receive	-	
	MONICA Z	Name and	Address of New Registered Agent.
	TE STREET		
	named entity submits this statement for the purpose e of Florida.	of changing i	ts registered office or registered agent, or both,
SIGNATUR	RE:		
	Electronic Signature of Registered Agent		Date
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Delete ELIAS, BONITA 7201 E. HILLSBOROUGH AVENUE TAMPA, FL 33610	Title: Name: Address: City-St-Zip:	P (X) Change () Addition TORRES, DEBBIE 4002 GANDY BOULEVARD TAMPA, FL 33611
Title: Name: Address: City-St-Zip:	VP () Delete TORRES, DEBBIE 4002 GANDY BOULEVARD TAMPA, FL 33611	Title: Name: Address: City-St-Zip:	VP (X) Change () Addition ITURIAG, LLEANNA 2610 W HILLSBOROUGH AVE TAMPA, FL 33614
Title: Name: Address: City-St-Zip:	T () Delete YARTER, JENNIFER 200 S. PARKER STREET TAMPA, FL 33606	Title: Name: Address: City-St-Zip:	VP (X) Change () Addition BELL, KATE P.O. BOX 20261 TAMPA, FL 33622
Title: Name: Address: City-St-Zip:	S () Delete ITURRIAGA, LLEANNA 2610 W. HILLSBOROUGH AVENUE TAMPA, FL 33614	Title: Name: Address: City-St-Zip:	()Change ()Addition
Title: Name: Address: City-St-Zip:	S () Delete MURRAY, EUGENIA 2217 E. 6TH AVENUE TAMPA, FL 33605	Title: Name: Address: City-St-Zip:	T (X) Change () Addition GOSSETT, ROSALIE P.O. BOX 20261 TAMPA, FL 33622
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	S () Change (X) Addition WITT, AMY 1525 26TH AVE N ST. PETERSBURG, FL 33704 `

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBBIE TORRES P 06/05/2007