2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0100006224

Entity Name: BAY AREA MEDIA NETWORK, INCORPORATED

Current Principal Place of Business:		New Principal Place of	New Principal Place of Business:		
2403 STATE STREET TAMPA, FL 33609					
Current Mailing Address:		New Mailing Address:	New Mailing Address:		
P.O. BOX 20261 TAMPA, FL 33622					
FEI Number: 59-3573292	FEI Number Applied For()	FEI Number Not Applicable()	Certificate of Status Desired ()		
Name and Address of Current Registered Agent:		Name and Address of N	Name and Address of New Registered Agent:		

FILED Mar 28, 2008 Secretary of State

LAWSON, MONICA Z 2403 STATE STREET TAMPA, FL 33609 US

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		
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	4002 GANDY BOULEVARD	Title: Name: Address: City-St-Zip:	4002 GANDY BOULEVARD	
Title: Name: Address: City-St-Zip:	2610 W HILLSBOROUGH AVE	Title: Name: Address: City-St-Zip:	2610 W HILLSBOROUGH AVE	
Title: Name: Address: City-St-Zip: Title:		Title: Name: Address: City-St-Zip: Title:	P.O. BOX 20261	
Name: Address: City-St-Zip: Title:		Name: Address: City-St-Zip: Title:	() Change () Addition	
Name: Address: City-St-Zip:	GOSSETT, ROSALIE P.O. BOX 20261 TAMPA, FL 33622	Name: Address: City-St-Zip:		
Title: Name: Address: City-St-Zip:	·	Title: Name: Address: City-St-Zip:	1525 26TH AVE N	

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:	JENNIFER BEAVER	Р	03/28/2008
	Electronic Signature of Signing Officer or Director		Date