2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001354

FILED Jan 31, 2008 Secretary of State

Entity Name: DIGITAL MEDIA EDUCATION COMMUNITY MENTORING PROGRAM, INC. **Current Principal Place of Business: New Principal Place of Business:** 8600 HWY 98 WEST 701 N. V STREET PENSACOLA, FL 32506 PENSACOLA, FL 32505 **Current Mailing Address: New Mailing Address:** PO BOX 4212 PENSACOLA, FL 32507 FEI Number: 01-0599147 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LOVRIEN, JOHN 6840 LAKÉ JOANNE DR PENSACOLA, FL 32506 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: () Change () Addition () Delete LOVRIEN, JOHN Name: Name: Address: 6840 LAKE JOANNE DR Address: City-St-Zip: PENSACOLA, FL 32506 City-St-Zip: Title: Title: () Delete () Change () Addition Name: SKELLEY, IAN Name: Address: 1303 POPPY AVE Address: City-St-Zip: PENSACOLA, FL 32507 City-St-Zip: Title: (X) Delete Title: () Change () Addition SIMS, DARNELL Name: Name: 17 WEST MAXWELL ST Address: Address: City-St-Zip: PENSACOLA, FL 32501 City-St-Zip:

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: IAN SKELLEY DIR 01/31/2008