

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 16, 2009  
Secretary of State**

DOCUMENT# N04000004307

Entity Name: THE PROMISE EDUCATIONAL MEDIA, INC.

**Current Principal Place of Business:**

4190 BELFORT ROAD  
450  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

**Current Mailing Address:**

8750 PERIMETER PARK BLVD  
JACKSONVILLE, FL 322166347

**New Mailing Address:**

PO BOX 551379  
JACKSONVILLE, FL 322559988

FEI Number: 76-0755823

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GRABAU, CALVIN  
4190 BELFORT ROAD  
450  
JACKSONVILLE, FL 32216 US

**Name and Address of New Registered Agent:**

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:**

Title: P ( ) Delete  
Name: GRABAU, CALVIN  
Address: 2361 CORTEZ RD  
City-St-Zip: JACKSONVILLE, FL 32246

Title: V ( ) Delete  
Name: HENDERSON, ROGER  
Address: 1293 BRIGHTON RIDGE CT  
City-St-Zip: JACKSONVILLE, FL 32218

Title: S ( ) Delete  
Name: WILLIAMS, DANIEL  
Address: 190 SOUTH ROSCOE BLVD.  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: ROGER A. HENDERSON

V

04/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date