2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008536

Entity Name: MAKE A DIFFERENCE MEDIA INC.

Apr 27, 2009 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business |
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4515 GEORGE ROAD SUITE 320

TAMPA, FL 33634

New Mailing Address: Current Mailing Address:

4515 GEORGE ROAD SUITE 320 TAMPA, FL 33634 US

FEI Number: 20-3217476 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:

KINDER, DEBORAH L KINDER, CHARLES 202 WINDWARD PASSAGE 202 WINDWARD PASSAGE **UNIT 201 UNIT 201** CLEARWATER, FL 33767 US CLEARWATER, FL 33767 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: CHARLES KINDER 04/27/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

KINDER, DEBORAH L VAGNONE, LAURA Name: Name: 4515 GEORGE ROAD, SUITE 320 Address: 2860 PAPERMILL RD. Address: City-St-Zip: TAMPA, FL 33767 US City-St-Zip: BRYN ATHYN, PA 19009 US

Title: () Delete Title: () Change () Addition

Name: KINDER, CHARLES W JR. Name: Address: 4515 GEORGE ROAD SUITE 320 Address: City-St-Zip: TAMPA, FL 33634 US City-St-Zip:

Title: () Delete Title: () Change () Addition

OLESON, GLENDA Name: Name: Address: PO BOX 933 Address: City-St-Zip: DUNEDIN, FL 34697 City-St-Zip:

Title: ST () Delete Title: ST (X) Change () Addition

Name: VAGNONE, LAURA Name: SPONAUGLE, ASHLEY 2860 PAPERMILL ROAD Address: Address: 743 MAIN SAIL DR City-St-Zip: BRYN ATHYN, PA 19009 US City-St-Zip: TAMPA, FL 33633 US

Title: (X) Delete Title: () Change () Addition

SPONAUGLE, ASHLEY Name: Name: 734 MAIN SAIL DR Address: Address: City-St-Zip: **TAMPA, FL 33633** 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: CHARLES KINDER **VP** 04/27/2009