

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009389

FILED  
Apr 27, 2007  
Secretary of State

Entity Name: FLORIDA MOBILE ENTERTAINMENT GROUP, INC.

**Current Principal Place of Business:**

2220 CR 210 W.  
SUITE 108-134  
JACKSONVILLE, FL 32259

**New Principal Place of Business:**

**Current Mailing Address:**

2220 CR 210 W.  
SUITE 108-134  
JACKSONVILLE, FL 32259

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

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

HANSCOM, DAVID J  
2013 SPRING MEADOW CT.  
JACKSONVILLE, FL 32092    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:                      HANSCOM, DAVID J  
Address:                      2013 SPRING MEADOW CT.  
City-St-Zip:                      ST. AUGUSTINE, FL 32092

Title:                      VP                      ( ) Delete  
Name:                      MCGEE, CARLTON  
Address:                      1029 GLEN ECHO RD.  
City-St-Zip:                      JACKSONVILLE, FL 32211

Title:                      VP                      ( ) Delete  
Name:                      DEAN, SHAWN  
Address:                      1589 B OLD MOULTRIE RD.  
City-St-Zip:                      ST. AUGUSTINE, FL 32084

Title:                      VP                      (X) Delete  
Name:                      PARNELL, KRIS  
Address:                      1723 RED CYPRESS  
City-St-Zip:                      JACKSONVILLE, FL 32223

**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:

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: DAVID J. HANSCOM

P

04/27/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date