

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003023

FILED  
Jan 18, 2008  
Secretary of State

Entity Name: CROSS CULTURE MEDIA OF FLORIDA, INC.

**Current Principal Place of Business:**

6814 BLUFFGROVE DRIVE  
INDIANAPOLIS, IN 46278

**New Principal Place of Business:**

**Current Mailing Address:**

6814 BLUFFGROVE DRIVE  
INDIANAPOLIS, IN 46278

**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:**

COX, DAMIAN  
1101 NORTH OLD MILL DRIVE  
DELTONA, FL 32725 US

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

COX, DAMIAN  
11347 SW 13TH STREET  
DAVIE, FL 33325 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: DAMIAN COX

01/18/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: COX, DAMIAN E  
Address: 6814 BLUFFGROVE DRIVE  
City-St-Zip: INDIANAPOLIS, IN 46278

Title: V ( ) Delete  
Name: COX, SHEILA  
Address: 6814 BLUFFGROVE DRIVE  
City-St-Zip: INDIANAPOLIS, IN 46278

Title: D ( ) Delete  
Name: COX, PAULA  
Address: 6814 BLUFFGROVE DRIVE  
City-St-Zip: INDIANAPOLIS, IN 46278

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

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

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

Title: T (X) Change ( ) Addition  
Name: COX, PAULA  
Address: 6814 BLUFFGROVE DRIVE  
City-St-Zip: INDIANAPOLIS, IN 46278

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: DAMIAN COX

D

01/18/2008

Electronic Signature of Signing Officer or Director

Date