

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005639

FILED
Jun 10, 2009
Secretary of State

Entity Name: COMPELLING MEDIA INC.

Current Principal Place of Business:

8601 COMMODITY CIRCLE
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

8601 COMMODITY CIRCLE
ORLANDO, FL 32819

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GROSSHANS, TIM
4445 WINDERWOOD CIRCLE
ORLANDO, FL 32835 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:

Title: P () Delete
Name: GROSSHANS, TIM
Address: 4445 WINDERWOOD CIRCLE
City-St-Zip: ORLANDO, FL 32835

Title: S () Delete
Name: DETELLIS, TIM
Address: 5334 CENTRAL FLORIDA PARKWAY #2700
City-St-Zip: ORLANDO, FL 32821

Title: VP () Delete
Name: SCOTT, BOB
Address: 8413 LYRIC CT
City-St-Zip: ORLANDO, FL 32819

Title: D () Delete
Name: HARTNETT, SUSAN
Address: 5225 FIELDVIEW CRT
City-St-Zip: ORLANDO, FL 32819

Title: T () Delete
Name: NIXON, DAVID
Address: 8601 COMMODITY CIRCLE
City-St-Zip: ORLANDO, FL 32819

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:

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 NIXON

PD

06/10/2009

Electronic Signature of Signing Officer or Director

Date