2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P00000001898

1. Entity Name
TNT MEDIA GROUP, INC.

Principal Place of Business	Mailing Address
146 N. DUNBAR AVE UNIT C OLDSMAR, FL 34677	P. O. BOX 2154D OLDSMAR, FL 34677

DO NOT WRITE IN THIS SPACE

07202006   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
22-3698574		Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ACKERMAN, TIMOTHY
146 N DUNBAR AVE
UNIT C
OLDSMAR, FL 34677

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $550.00
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	ACKERMAN, TIMOTHY
STREET ADDRESS	1314 PRESERVATION WAY
CITY-ST-ZIP	OLDSMAR, FL 34677
TITLE	VTS
NAME	KELLEY, TIMOTHY J
STREET ADDRESS	10880 JOY LANE
CITY-ST-ZIP	MINNETONKA, MN 55305
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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08/14/06--80001-003 550.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Timothy Ackerman*   7/18/06   813-854-1746

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

X 15