

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000015149

Entity Name: COMPASS MEDIA GROUP, INC.

FILED
Jan 12, 2007
Secretary of State

Current Principal Place of Business:

5012 BELMONT ROAD
TAMPA, FL 33647

New Principal Place of Business:

Current Mailing Address:

5012 BELMONT ROAD
TAMPA, FL 33647

New Mailing Address:

FEI Number: 59-3640321

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REAHARD, RALPH
5012 BELMONT ROAD
TAMPA, FL 33647 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: THORMAN, DAVID B
Address: 27348 HOLLYBROOK TR
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: VP () Delete
Name: REAHARD, RALPH M
Address: 5012 BELMONT ROAD
City-St-Zip: TAMPA, FL 33647 US

Title: N/A () Delete
Name: N/A, N/A
Address: N/A
City-St-Zip: N/A, N/ N/A

Title: N/A () Delete
Name: N/A, N/A
Address: N/A
City-St-Zip: N/A, N/ N/A

Title: N/A () Delete
Name: N/A, N/A
Address: N/A
City-St-Zip: N/A, N/ N/A N/

Title: N/A () Delete
Name: N/A, N/A
Address: N/A
City-St-Zip: N/A, N/ N/A

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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RALPH M REAHARD

VP

01/12/2007

Electronic Signature of Signing Officer or Director

Date