

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000015149

Entity Name: COMPASS MEDIA GROUP, INC.

FILED  
Jan 12, 2008  
Secretary of State

## Current Principal Place of Business:

5012 BELMONT ROAD  
TAMPA, FL 33647

## New Principal Place of Business:

15310 AMBERLY DRIVE  
SUITE 250  
TAMPA, FL 33647

## Current Mailing Address:

5012 BELMONT ROAD  
TAMPA, FL 33647

## New Mailing Address:

15310 AMBERLY DRIVE  
SUITE 250  
TAMPA, FL 33647

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:

REAHARD, RALPH  
15310 AMBERLY DRIVE  
SUITE 250  
TAMPA, FL 33647 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:

01/12/2008

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: VP (X) Change ( ) Addition  
Name: REAHARD, RALPH M  
Address: 15310 AMBERLY DRIVE, SUITE 250  
City-St-Zip: TAMPA, FL 33647 US

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 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

01/12/2008

Electronic Signature of Signing Officer or Director

Date