2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000031332

1. Entity Name
TERAMAR MEDIA INC.

Principal Place of Business	Mailing Address
400 EXECUTIVE CTR DR SUITE 106 WEST PALM BEACH, FL 33401	400 EXECUTIVE CTR DR SUITE 106 WEST PALM BEACH, FL 33401

E04012007B 9:No Chg-P07000CR2E034 (11/05)

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4. FEI Number
65-0995158

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ABRISHAMI, MARGARITA P
400 EXECUTIVE CTR DR
SUITE 106
WEST PALM BEACH, FL 33401

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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ABRISHAMI, BAHRAM A
STREET ADDRESS	15315 79TH TERR. NORTH
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	D
NAME	ABRISHAMI, MARGARITA P
STREET ADDRESS	15315 79TH TERR. NORTH
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	

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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: MARGARITA ABRISHAMI 4-17-07 (561) 615-8483
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #