

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000031332

1. Entity Name
TERAMAR MEDIA INC.



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

Mailing Address
400 EXECUTIVE CTR DR
SUITE 106
WEST PALM BEACH, FL 33401



01122008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0995158	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

U000000909842
05/06/08-80084-025 150.00

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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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

4-13-08

561-615-8483

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #