

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 21, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000059687

1. Entity Name

MUMFORD MEDIA, INC.



Principal Place of Business

10305 NE 2ND AVE.
MIAMI FL 33138

Mailing Address

10305 NE 2ND AVE.
MIAMI FL 33138

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 01-0546874

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/06)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MUMFORD, BOBBIE R
10305 NE 2ND AVE.
MIAMI FL 33138

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$150.00 + 8.75

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME MUMFORD, BOBBIE R
STREET ADDRESS 10305 NE 2ND AVE.
CITY-ST-ZIP MIAMI FL 33138

TITLE VD ☐ Delete
NAME PORTER, JODI M
STREET ADDRESS 10305 NE 2ND AVE.
CITY-ST-ZIP MIAMI FL 33138

TITLE D ☐ Delete
NAME MUMFORD, BONNIE D
STREET ADDRESS 10305 NE 2 AVE
CITY-ST-ZIP MIAMI FL 33138

TITLE D ☐ Delete
NAME MUMFORD II, ALONZA B
STREET ADDRESS 1320 HARBIN RD SW
CITY-ST-ZIP ATLANTA GA 33012

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME U00000642948
STREET ADDRESS 03/01/07-80065-009 158.75
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Bobbie Mumford, Pres. 2/19/2007 307/758 466

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #