

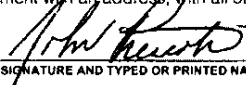


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000080636 1. Entity Name JP MEDIA, INC.						FILED 07 MAY -3 AM 10: 55 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 28 OLD POST RD. LONGWOOD, FL 32779				Mailing Address 28 OLD POST RD. LONGWOOD, FL 32779			
2. Principal Place of Business - No P.O. Box # 808 De La Bosque		3. Mailing Address 808 De La Bosque					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State Longwood FL		City & State Longwood FL		4. FEI Number 59-3666775		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip 32779		Country USA		Zip 32779		Country	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				05032007 Chg-P CR2E034 (12/06) 07			
6. Name and Address of Current Registered Agent PRESCOTT, JOHN E JR. 28 OLD POST RD. LONGWOOD, FL 32779				7. Name and Address of New Registered Agent Name Prescott John E Jr. Street Address (P.O. Box Number is Not Acceptable) 808 De La Bosque City Longwood FL Zip Code 32779			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRESCOTT, JOHN E JR 28 OLD POST RD. LONGWOOD, FL 32779 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Prescott, John E. Jr 808 De La Bosque Longwood, FL 32779 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800102233398 05/14/07--01003--018 **150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: 				5-3-07			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>			