


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000108874 1. Entity Name Q NEW MEDIA, INC.	
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Principal Place of Business 13205 U.S. HWY 1 STE 535 JUNO BEACH, FL 33408	Mailing Address 13205 U.S. HWY 1 STE 535 JUNO BEACH, FL 33408
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01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1058389	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FLANIGAN, BRIAN G 13205 U.S. HWY 1 STE 535 JUNO BEACH, FL 33408
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**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, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLANIGAN, BRIAN G 13205 U.S. HWY 1 STE 535 JUNO BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOBLOITZ, NEAL A 13205 U.S. HWY 1 STE 535 JUNO BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MESSLER, JOAN K 13205 U.S. HWY 1 STE 535 JUNO BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOBLOITZ, KYLAN E 13205 U.S. HWY 1 STE 535 JUNO BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

01/12/07-80003-001 150.00

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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:  **Brian G. Flanigan** 1-8-07 561-776-9600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #