

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000108874

1. Entity Name
Q NEW MEDIA, INC.



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**

DO NOT WRITE IN THIS SPACE



01042008 No Chg-P CR2E034 (11/05)

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**

**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 _____

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
After May 1, 2008 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	FLANIGAN, BRIAN G
STREET ADDRESS	13205 U.S. HWY 1 STE 535
CITY-ST-ZIP	JUNO BEACH, FL 33408

TITLE	D
NAME	KOBLITZ, NEAL A
STREET ADDRESS	13205 U.S. HWY 1 STE 535
CITY-ST-ZIP	JUNO BEACH, FL 33408

TITLE	D
NAME	MESSLER, JOAN K
STREET ADDRESS	13205 U.S. HWY 1 STE 535
CITY-ST-ZIP	JUNO BEACH, FL 33408

TITLE	D
NAME	KOBLITZ, KYLAN E
STREET ADDRESS	13205 U.S. HWY 1 STE 535
CITY-ST-ZIP	JUNO BEACH, FL 33408

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000810815
02/11/08-80001-021 150.00

**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: **BRIAN G. FLANIGAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/2008

Date

561-776-9600

Daytime Phone #