## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000108874

KOBLITZ, KYLÁN E

13205 U.S. HWY 1 STE 535

JUNO BEACH, FL 33408

Name: Address:

City-St-Zip:

Entity Name: Q NEW MEDIA, INC.

FILED Jan 05, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 13205 U.S. HWY 1 STE 535 13205 U.S. HWY 1 JUNO BEACH, FL 33408 SUITE 535 JUNO BEACH, FL 33408 **Current Mailing Address: New Mailing Address:** 13205 U.S. HWY 1 STE 535 13205 U.S. HWY 1 JUNO BEACH, FL 33408 SUITE 535 JUNO BEACH, FL 33408 FEI Number: 65-1058389 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FLANIGAN, BRIAN G FLANIGAN, BRIAN G 13205 U.S. HWY 1 STE 535 13205 U.S. HWY 1 JUNO BEACH, FL 33408 SUITE 535 JUNO BEACH, FL 33408 US 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. SIGNATURE: 01/05/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition FLANIGAN, BRIAN G Name: Name: 13205 U.S. HWY 1 STE 535 Address: Address: City-St-Zip: JUNO BEACH, FL 33408 City-St-Zip: Title: Title: ( ) Delete () Change () Addition Name: KOBLITZ, NEAL A Name: 13205 U.S. HWY 1 STE 535 Address: Address: JUNO BEACH, FL 33408 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: () Change () Addition MESSLER, JOAN K Name: Name: 13205 U.S. HWY 1 STE 535 Address: Address: City-St-Zip: JUNO BEACH, FL 33408 City-St-Zip: Title: () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: KYLAN KOBLITZ D 01/05/2009