

# **2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P00000116020

Entity Name: SKY MEDIA, INC.

**FILED**  
**Apr 12, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

18911 COLLINS AVE UNIT 1405  
SUNNYISLES BEACH, FL 33160

**New Principal Place of Business:**

**Current Mailing Address:**

18911 COLLINS AVE UNIT 1405  
SUNNYISLES BEACH, FL 33160

**New Mailing Address:**

FEI Number: 65-1068121

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ANGULO, MARCELA  
18911 COLLINS AVE UNIT 1405  
SUNNY ISLES BEACH, FL 33160 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: ANGULO, MARCELA  
Address: 18911 COLLINS AVE UNIT 1405  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: VSTD ( ) Delete  
Name: ANGULO, PAOLA  
Address: 18911 COLLINS AVE UNIT 1405  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: T ( ) Delete  
Name: ANGULO, ENRIQUE  
Address: 18911 COLLINS AVE UNIT 1405  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: ANGULO, MARCELA  
Address: 18911 COLLINS AVE UNIT 1405  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: MARCELA ANGULO

PSTD

04/12/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date