## **2008 FOR PROFIT CORPORATION**

## **FILED ANNUAL REPORT** Apr 02, 2008 08:00 AM **DOCUMENT # P01000085276 Secretary of State** SPEEDING BULLET MEDIA GROUP, INC. Principal Place of Business Mailing Address 1209 N. LEAVITT AVE 1209 N. LEAVITT AVE ORANGE CITY, FL 32763 ORANGE CITY, FL 32763 No Chg-P CR2E034 (11/05) 03182008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1141075 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent BERLINER, ED DO NOT WRITE 1209 N. LEAVITT AVE ORANGE CITY, FL 32763 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, typed or printed name of registered agent and little if applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing U00000877041 \$5.00 May Be FILE NOW!!! FEE IS \$150.00 04/11/08-80099-010 150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE BERLINER, ED NAME 1209 N. LEAVITT AVE STREET ADDRESS CITY-ST-ZIP ORANGE CITY, FL 327634346 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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:

STREET ADDRESS CITY-ST-7/P TITLE NAME STREET ADDRESS CITY-ST-ZIP

IATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR