

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000098083

Entity Name: OPEN WATER MEDIA, INC.

FILED
Feb 25, 2008
Secretary of State

Current Principal Place of Business:

8592 SYLVAN DRIVE
MELBOURNE, FL 32904

New Principal Place of Business:

Current Mailing Address:

8592 SYLVAN DRIVE
MELBOURNE, FL 32904

New Mailing Address:

FEI Number: 59-3751405

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DECUBELLIS & MEEKS, P.A.
ATTN: DANIEL L. DECUBELLIS
837 NORTH GARLAND AVENUE
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

SCHROPE, MARK K
8592 SYLVAN DR.
MELBOURNE, FL 32904 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: MARK K SCHROPE

02/25/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: SCHROPE, MARK
Address: 8592 SYLVAN DRIVE
City-St-Zip: MELBOURNE, FL 32904

Title: VD () Delete
Name: SCHROPE, SHANNON
Address: 8592 SYLVAN DRIVE
City-St-Zip: MELBOURNE, FL 32904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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.

SIGNATURE: MARK K SCHROPE

PSD

02/25/2008

Electronic Signature of Signing Officer or Director

Date