

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P02000007942

1. Entity Name  
FINNISH MEDIA GROUP, INC.



Principal Place of Business  
707 LAKE AVENUE  
LAKE WORTH, FL 33460

Mailing Address

P.O. 8147  
LANTANA, FL 33465

2. Principal Place of Business  
807 Lucerne Avenue, Rear

Suite, Apt. #, etc.

3. Mailing Address  
P.O. Box 0128

Suite, Apt. #, etc.

City & State  
Lake Worth, FL

City & State  
Lake Worth, FL

Zip  
33460

Country  
USA

Zip  
33460

Country  
USA

6. Name and Address of Current Registered Agent

MIKKO KOSKINEN  
707 LAKE AVENUE  
LAKE WORTH, FL 33460

Name

Street Address (P.O. Box Number is Not Acceptable)

807 Lucerne Avenue, Rear

City  
Lake Worth

FL

Zip Code  
33460

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

Mikko Koskinen  
05/01/2006

FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PTD  
KOSKINEN, MIKKO  
707 LAKE AVENUE  
LAKE WORTH, FL 33460

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VSD-  
VIKLUND, SAKRE  
707 LAKE AVENUE  
LAKE WORTH, FL 33460

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D-  
AHOLA, ARI  
707 LAKE AVENUE  
LAKE WORTH, FL 33460

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VSD

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
SNELLMAN, AKE  
707 LAKE AVENUE  
LAKE WORTH, FL 33460

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

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:

*Mikko Koskinen, president* 05/01/06 5405440  
(561)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



05-11-2006 90244 027 \*\*\*150.00

**FILED  
May 11, 2006 8:00 am  
Secretary of State**