

# **2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P02000020510

Entity Name: DAVIS PREMEDIA, INC.

**FILED**  
**Sep 17, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

1307 SOUTH KILLIAN DRIVE  
LAKE PARK, FL 33403

**New Principal Place of Business:**

**Current Mailing Address:**

1307 SOUTH KILLIAN DRIVE  
LAKE PARK, FL 33403

**New Mailing Address:**

FEI Number: 01-0646053

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MALECKI, PETER J ESQ  
1209 N OLIVE AVE.  
WEST PALM BEACH, FL 33401 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: DP ( ) Delete  
Name: DAVIS, MICHAEL P  
Address: 1307 SOUTH KILLIAN DRIVE  
City-St-Zip: LAKE PARK, FL 33403

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

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

Title: SEC ( ) Change (X) Addition  
Name: DAVIS, LINDELL W,  
Address: 1307 S KILLIAN DRIVE  
City-St-Zip: LAKE PARK, FL 33403 US

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: LINDELL W DAVIS

SEC

09/17/2008

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

\_\_\_\_\_  
Date