

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 09, 2008 8:00 am
Secretary of State

07-09-2008 90020 037 ***550.00

DOCUMENT # P02000052677

1. Entity Name

HALLDALE MEDIA, INC.



Principal Place of Business

301 E. PINE ST.
SUITE 150
ORLANDO FL 32801

Mailing Address

301 E. PINE ST.
SUITE 150
ORLANDO FL 32801



2. Principal Place of Business - No P.O. Box #

115 TIMBERLACHEN CIRCLE

3. Mailing Address

115 TIMBERLACHEN CIRCLE

Suite, Apt. #, etc.

STE 2009

Suite, Apt. #, etc.

STE 2009

City & State

LAKE MARY

City & State

LAKE MARY

Zip

32746

Country

USA

Zip

32746

Country

USA

1st MOORE

CR2E034 (10/07)

4. FEI Number

04-3671496

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, ANDREW PATRICK
301 E. PINE ST.
STE. 150
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name SMITH, ANDREW PATRICK

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

115 TIMBERLACHEN CIRCLE, STE 2009

City LAKE MARY

FL

Zip Code

32746

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

30/6/08

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SMITH, ANDREW	
STREET ADDRESS	301 E. PINE ST., STE. 150	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH ANDREW	
STREET ADDRESS	115 TIMBERLACHEN CIRCLE, STE 2009	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A. P. SMITH

30/6/08

Daytime Phone #

4074744760