2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 20, 2006 8:00 am Secretary of State

DOCUMENT # P02000056930 1. Entity Name FLORIDA MASS MEDIA, INC.				Secretary of State 04-20-2006 90207 050 ***150.00			
Principal Place of Business	Mailing Addr	acc.		-{			
6719 WINKLER RD FT MYERS, FL 33919	=	EGE PKWY STE 300)	1.			
Principal Place of Business		3. Mailing Address 6719 Winkler Rd					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04172006	Chg-P	CR2E034 (11/05)	
City & State		Fort Myers, FL		4. FEI Numbe 03-042		ļ 	pplied For
Zip Country	3 7 9	Coun	SA		of Status Desired	\$8.75 Add	litional
6. Name and Addre	ess of Current Registered Age	nt		7. Name and	Address of New Re		
			Name				
HAWTHORNE, HENRY WILSON JR 8660 COLLEGE PKWY STE 300 FT MYERS, FL 33919			Street Address (P.O. Box Number is Not Acceptable)				
FI MTERS, FL 33919							
			City FL Zip Code				
 The above named entity submits the obligations of registered agent. 	is statement for the purpose of	changing its register	ed office or registe	ered agent, or bot	h, in the State of Flo	ida. I am familiar with,	and accept
the obligations of registered agent.	1		>		4_	7.01	
SIGNATURE Signature, typed or printed name	of registered agent and title if applicable.	(NOTE: Registere	d Agent signature require	ed when reinstating)	L	DATE	
FILE NOW!!! FEE IS ! After May 1, 2006 Fee wi	* 130.00 _	ction Campaign Finar of Fund Contribution.		5.00 May Be ded to Fees			
10.	FFICERS AND DIRECTORS	11,		ADDITIONS/	CHANGES TO OFFI	CERS AND DIRECTORS	218144
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HAWTHORNE, HENRY WILSON JR			<u> </u>			Change	Addition
	NRY WILSON JR	NAM	rE			Change	
STREET ADDRESS 6719 WINKLER RD	NRY WILSON JR #220	NAM Stre	EET ADDRESS			☐ Change	
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12. Thereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119, Horida Statutes. I further certify that the information indicated on this report is 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/06 239-590-3930