

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000056930

Entity Name: FLORIDA MASS MEDIA, INC.

**FILED**  
**Mar 19, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

141 S.W. 56TH TERR.  
CAPE CORAL, FL 33914

**New Principal Place of Business:**

**Current Mailing Address:**

141 SW 56TH TERRACE  
CAPE CORAL, FL 33914

**New Mailing Address:**

FEI Number: 03-0429234

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HAWTHORNE, HENRY WILSON JR  
8359 BEACON BOULEVARD  
SUITE 414  
FT MYERS, FL 33907 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: P  
Name: HAWTHORNE, HENRY WILSON JR  
Address: 8359 BEACON BOULEVARD  
City-St-Zip: FT MYERS, FL 33907

Title: V  
Name: SCHWARTZ, JAMES JOSEPH JR  
Address: 659 ASTARIAS CIR  
City-St-Zip: FT MYERS, FL 33919

I hereby 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 all other like empowered.

SIGNATURE: HENRY WILSON HAWTHORNE, JR.

P

03/19/2011

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

\_\_\_\_\_  
Date