


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000062561 1. Entity Name BLUE SKY MEDIA, INC.					
Principal Place of Business 990 FIRST AVENUE SOUTH UNIT 202 NAPLES FL 34102			Mailing Address 990 FIRST AVENUE SOUTH UNIT 202 NAPLES FL 34102		
2. Principal Place of Business Suite, Apt #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition U000000301601 04/13/05-80037-022 150.00	
NAME	CRISTANTELO, AMANDA		NAME		
STREET ADDRESS	990 FIRST AVENUE SOUTH		STREET ADDRESS		
CITY - ST - ZIP	NAPLES FL 34102		CITY - ST - ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE		
NAME	CRISTANTELO, EDWARD A		NAME		
STREET ADDRESS	990 FIRST AVENUE SOUTH		STREET ADDRESS		
CITY - ST - ZIP	NAPLES FL 34102		CITY - ST - ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		
NAME	CRISTANTELO, ANGELA M		NAME		
STREET ADDRESS	990 FIRST AVENUE SOUTH		STREET ADDRESS		
CITY - ST - ZIP	NAPLES FL 34102		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		
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TITLE		<input type="checkbox"/> Delete	TITLE		
NAME			NAME		
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CITY - ST - ZIP			CITY - ST - ZIP		

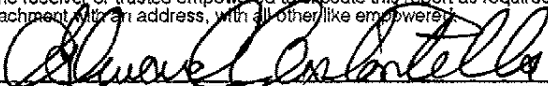


1st MOORE CR2E034 (10/04)

4. FEI Number **04-3678376** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 empowers.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-05

Date

Daytime Phone #