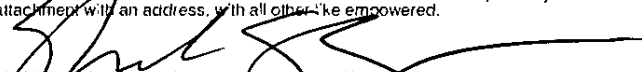


FILED
Jul 11, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000064759			
1. Entity Name Q MEDIA PRODUCTIONS, INC.			
Principal Place of Business 541 NORTH BOYD STREET WINTER GARDEN, FL 34787		Mailing Address 541 NORTH BOYD STREET WINTER GARDEN, FL 34787	
DO NOT WRITE IN THIS SPACE			
		07082006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 04-3674681	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOYD, STASHA D 541 NORTH BOYD STREET WINTER GARDEN, FL 34787		DO NOT WRITE IN THIS SPACE	
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 fee paid</small> <small>(If Registered Agent's signature required when changing)</small> <small>DATE</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BOYD, STASHA D 541 NORTH BOYD STREET WINTER GARDEN, FL 34787	DO NOT WRITE IN THIS SPACE U000000569357 07/11/06-80023-004 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD LUTZ, MICHAEL J 541 NORTH BOYD STREET WINTER GARDEN, FL 34787		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE 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 Chapter 119, 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 empowered.			
SIGNATURE: 		7/8/06 407-654-7006	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	