2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 20, 2007 8:00 am Secretary of State DOCUMENT # P02000072158 04-20-2007 90095 045 ***150.00 ANTHONY PALMER MULTIMEDIA, INC. Principal Place of Business Mailing Address 8374 MARKET ST., #153 BRADENTON FL 34202 8374 MARKET ST., #153 **BRADENTON FL 34202** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address III 2nd Ave NE 111 and ADE NE Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) # 545 # 345 City & State City & State 4. FEI Number Applied For 54-2069885 St. Petersburg Not Applicable Zip \$8.75 Additional 33701 5. Certificate of Status Desired 3370l Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HOROWITZ, MITCHELL I 501 EAST KENNEDY BLVD., STE. 1700 Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33602** City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agont signature required when roinstailing) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TIFLE Change Addition PALMER, ANTHONY G PALMER, ANTHONY NAME NAME 8374 MARKET ST., #153 # 345 III and Ave NE STREET ADDRESS STREET ADDRESS **BRADENTON FL 34202** CITY-S1-ZIP CITY ST ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CUY-ST-ZIP CITY ST 7IP THLE ☐ Delete ШЕ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY St-ZIP ☐ Delete THE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-7IP CITY-SI-ZIP TITLE Delete HITE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-7IP 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 report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 a other like empowered.

SIGNATURE: _

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED