


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000005890																																																														
1. Entity Name WOW MEDIA, INC.		Principal Place of Business 3725 SHERIDAN AVENUE MIAMI BEACH FL 33140																																																												
		Mailing Address 7098 BONITA DRIVE MIAMI BEACH FL 33141																																																												
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																																																												
Suite, Apt. #, etc		Suite, Apt. #, etc																																																												
City & State		City & State																																																												
Zip	Country	Zip	Country																																																											
6. Name and Address of Current Registered Agent KINKEAD, MARTIN 3739 SHERIDAN AVENUE MIAMI BEACH FL 33140		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 _____		DATE _____																																																												
<small>Signature, typed or printed name of registered agent and title (applicant)</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>																																																												
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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																																																												
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1st MOORE CR2E034 (10/06)

4. FEI Number **58-2668304** Applied For Not Applied

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 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 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]* **Vice President** Date **1/30/07** (305) 535-9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #