

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000087941

FILED  
Apr 08, 2008  
Secretary of State

Entity Name: CROWN CONNECTION MEDIA, INC.

## Current Principal Place of Business:

810 KING LEON WAY  
SUN CITY CENTER, FL 33573 US

## New Principal Place of Business:

940 DOUGLAS AVE  
UNIT 109  
ALTAMONTE SPRINGS, FL 32714 US

## Current Mailing Address:

P.O. BOX 224  
OKAUMPKA, FL 34762 US

## New Mailing Address:

FEI Number: 45-0524599      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BURNS, CLAIRECE  
810 KING LEON WAY  
SUN CITY CENTER, FL 33573 US

## Name and Address of New Registered Agent:

KIBLER, CLAIRECE  
940 DOUGLAS AVE, UNIT 109  
ALTAMONTE SPRINGS, FL 33573 US

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: CLAIRECE KIBLER

04/08/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BURNS, CLAIRECE  
Address: 810 KING LEON WAY  
City-St-Zip: SUN CITY CENTER, FL 33573 US

Title: VP ( ) Delete  
Name: BURNS, WILLIAM  
Address: 810 KING LEON WAY  
City-St-Zip: SUN CITY CENTER, FL 33573 US

Title: ST ( ) Delete  
Name: GENTRY, CAROL  
Address: P.O. BOX 224  
City-St-Zip: OKAUMPKA, FL 34762 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: KIBLER, CLAIRECE  
Address: 940 DOUGLAS AVE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: VP (X) Change ( ) Addition  
Name: GENTRY, CAROL  
Address: P.O. BOX 224  
City-St-Zip: OKAUMPKA, FL 34762 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CAROL M. GENTRY

VP

04/08/2008

Electronic Signature of Signing Officer or Director

Date