2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000002793

Entity Name: TERAMEDIA CORPORATION

801 N MAGNOLIA AVENUE #402

ORLANDO, FL 32801

Address: City-St-Zip: FILED Apr 29, 2007 Secretary of State

Littly Nai	ine. TERAWII	LDIA CORFORATION			
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
	GNOLIA AVEI	NUE			
#402 ORLANDO), FL 32803	US			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
801 N MAGNOLIA AVENUE					
#402 ORLANDO	D, FL 32803	US			
FEI Number:	: 20-0570549	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
MCRAE, ANNA ESQ 6274 LINTON BOULEVARD SUITE 1 DELRAY BEACH, FL 33484 US			5355 TOWN CENTER SUITE 200	POLLOCK, KENNETH S ESQ 5355 TOWN CENTER ROAD SUITE 200 BOCA RATON, FL 33486 US	
	named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: KENNETH S. POLLOCK, ESQ.				04/29/2007	
	Electro	nic Signature of Registered Age	ent	Date	
Election Car	npaign Financir	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	HARDIGREE,) Delete CHRISTOPHER S DLIA AVENUE #402 . 32801 US	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	HARDIGREE,	LIA AVENUE #402	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name:	CIO (BARNES, MIC) Delete HAEL A	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: CHRISTOPHER S. HARDIGREE P 04/29/2007