2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000014629

Entity Name: MEDIA ESSENTIALS INCORPORATED

FILED Sep 13, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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319 CROSSWINDS DRIVE 948 ROYAL BIRKDALE

PALM HARBOR, FL 34683 TARPON SPRINGS, FL 34688

Current Mailing Address: New Mailing Address:

319 CROSSWINDS DRIVE 948 ROYAL BIRKDALE

PALM HARBOR, FL 34683 TARPON SPRINGS, FL 34688

FEI Number: 90-0131617 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RYDELL, MICHELLE E
319 CROSSWINDS DRIVE
RYDELL, MICHELLE E
948 ROYAL BIRKDALE

PALM HARBOR, FL 34683 US TARPON SPRINGS, FL 34688 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: MICHELLE RYDELL 09/13/2009

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 RYDELL, MICHELLE E
 Name:
 RYDELL, MICHELLE E

 Address:
 319 CROSSWINDS DRIVE
 Address:
 948 ROYAL BIRKDALE

 City-St-Zip:
 PALM HARBOR, FL 34683
 City-St-Zip:
 TARPON SPRINGS, FL 34688

Title: P () Delete Title: () Change () Addition

 Name:
 RYDELL, ELIZABETH
 Name:

 Address:
 319 CROSSWINDS DRIVE
 Address:

 City-St-Zip:
 PALM HARBOR, FL 34683
 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: MICHELLE RYDELL MGR 09/13/2009