

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000018929

Entity Name: CAM-BEL MEDIA, INC.

FILED
Apr 21, 2009
Secretary of State

Current Principal Place of Business:

8891 BRIGHTON LANE
SUITE 105
BONITA SPRINGS, FL 34135

New Principal Place of Business:

Current Mailing Address:

8891 BRIGHTON LANE
SUITE 105
BONITA SPRINGS, FL 34135

New Mailing Address:

FEI Number: 20-0709610

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMPBELL, JACK
8891 BRIGHTON LANE
SUITE 105
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP,S () Delete
Name: CAMPBELL, JACK
Address: 8891 BRIGHTON LANE
City-St-Zip: BONITA SPRINGS, FL 34135

Title: P,D () Delete
Name: CAMPBELL, KATHLEEN
Address: 8891 BRIGHTON LANE
City-St-Zip: BONITA SPRINGS, FL 34135

Title: VP,D () Delete
Name: CAMPBELL, CHARLES
Address: 8891 BRIGHTON LANE
City-St-Zip: BONITA SPRINGS, FL 34135

Title: D () Delete
Name: CAMPBELL, JACK
Address: 8891 BRIGHTON LANE
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: KATHLEEN CAMPBELL

CFO

04/21/2009

Electronic Signature of Signing Officer or Director

Date