

## **2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P04000025268

**Entity Name:** GULFSIDE MEDIA INC.

**FILED**  
**Sep 24, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

14503 DOLCE VISTA RD.  
SUITE 202  
FORT MYERS, FL 33908

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 07351  
FT. MYERS, FL 33919

**New Mailing Address:**

**FEI Number:** 59-3786044

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCHEBELIK, MICHAELA  
14503 DOLCE VISTA RD.  
SUITE 202  
FT. MYERS, FL 33908 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SCHEBELIK, MICHAELA  
Address: 14503 DOLCE VISTA ROAD #202  
City-St-Zip: FORT MYERS, FL 33908 A

Title: VP  
Name: ISABELLA, SCHEBELIK  
Address: GLADBECKSTRASSE 3  
City-St-Zip: SCHWECHAT, LA 2320 A

I hereby 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 all other like empowered.

SIGNATURE: MICHAELA SCHEBELIK

P

09/24/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date