

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000041934

Entity Name: INDEPENDENT GAY NEWS, INC

FILED
Apr 21, 2009
Secretary of State

Current Principal Place of Business:

2805 E. OAKLAND PARK BLVD - PMB 449
FORT LAUDERDALE, FL 33306 US

New Principal Place of Business:

Current Mailing Address:

2805 E. OAKLAND PARK BLVD - PMB 449
FORT LAUDERDALE, FL 33306 US

New Mailing Address:

FEI Number: 55-0864932

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHARLES, DAVID J CPA
2805 E. OAKLAND PARK BLVD - PMB 449
FORT LAUDERDALE, FL 33306 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: PD () Delete
Name: HARRIS, GREGORY S
Address: 2243 NE 9TH AVE
City-St-Zip: WILTON MANORS, FL 33305 US

Title: VP () Delete
Name: JAMES, MICHAEL
Address: 2805 EAST OAKLAND PARK BLVD #253
City-St-Zip: FORT LAUDERDALE, FL 33306 US

Title: TD () Delete
Name: CHARLES, DAVID J
Address: 2805 E. OAKLAND PARK BLVD - PMB 449
City-St-Zip: FORT LAUDERDALE, FL 33306 US

Title: D () Delete
Name: ROBERT, LUBARSKY
Address: 416 NE 28TH STREET
City-St-Zip: WILTON MANORS, FL 33334

Title: D () Delete
Name: NICHOLLS, CHARLES
Address: 2894 NE 27TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33306 US

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:

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: /S/ DAVID J. CHARLES

TD

04/21/2009

Electronic Signature of Signing Officer or Director

Date