

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P04000084357

1. Entity Name  
THE ARSON MEDIA GROUP, INC.



**FILED  
May 21, 2007 8:00 am  
Secretary of State**

05-21-2007 90050 042 \*\*\*150.00

40116000



Principal Place of Business  
1019 S. TENNESSEE AVE.  
LAKELAND, FL 33803

Mailing Address

1019 S. TENNESSEE AVE.  
LAKELAND, FL 33803

2. Principal Place of Business - No P.O. Box # <b>3001 Aloma Ave Ste 207</b>	3. Mailing Address <b>3001 Aloma Ave. Ste 207</b>
Suite, Apt #, etc. <b>Suite, Apt #, etc.</b>	Suite, Apt #, etc. <b>Suite, Apt #, etc.</b>
City & State <b>Winter Park Fl</b>	City & State <b>Winter Park Fl</b>
Zip <b>32792</b>	Zip <b>32792</b>
Country	Country

03172007 Chg-P CR2E034 (12/06)

4. FEI Number  
**86-1105902**

Applied For

Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GRINER, KYLE  
1019 S. TENNESSEE AVE.  
LAKELAND, FL 33803

7. Name and Address of New Registered Agent  
Name  
**Kyle Griner**  
Street Address (P.O. Box Number is Not Acceptable)  
**906 W Princeton**  
City  
**Orlando** FL Zip Code  
**32804**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**P**  
GRINER, KYLE  
1019 S. TENNESSEE AVE.  
LAKELAND, FL 33803

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change  Addition

**906 W Princeton St.  
Orlando FL 32804**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

Change  Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/22/07 863 670 6059**

Date

Daytime Phone #