

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-21-2007 90050 042 ***150.00

DOCUMENT # P04000084357 1. Entity Name THE ARSON MEDIA GROUP, INC.					
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 # 3001 Aloma Ave Ste 207		3. Mailing Address 3001 Aloma Ave. Ste 207			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Winter Park Fl		City & State Winter Park Fl		4. FEI Number 86-1105902	
Zip 32792		Zip 32792		Country 	
Country 		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GRINER, KYLE 1019 S. TENNESSEE AVE. LAKELAND, FL 33803	<input type="checkbox"/> Delete			
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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 or like empowered.					
SIGNATURE: _____ Date: 4/22/07 Daytime Phone #: 363 670 6059					

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