

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000106653

Entity Name: E NOX MEDIA, INC.

FILED  
Apr 30, 2008  
Secretary of State

## Current Principal Place of Business:

109 NORTH BRUSH STREET  
SUITE 150  
TAMPA, FL 33602

## New Principal Place of Business:

3225 SOUTH MACDILL AVE  
SUITE 129-232  
TAMPA, FL 33629

## Current Mailing Address:

109 NORTH BRUSH STREET  
SUITE 150  
TAMPA, FL 33602

## New Mailing Address:

3225 SOUTH MACDILL AVE  
SUITE 129-232  
TAMPA, FL 33629

FEI Number: 20-1389208

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BOWEN, MALCOLM  
109 NORTH BRUSH STREET  
SUITE 150  
TAMPA, FL 33602 US

## Name and Address of New Registered Agent:

BOWEN, MALCOLM  
3225 SOUTH MACDILL AVE  
SUITE 129-232  
TAMPA, FL 33629 US

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: MALCOLM BOWEN

04/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: BOWEN, MALCOLM  
Address: 109 NORTH BRUSH STREET, SUITE 150  
City-St-Zip: TAMPA, FL 33602

Title: S ( ) Delete  
Name: BOWEN, STEPHANIE  
Address: 109 NORTH BRUSH STREET, SUITE 150  
City-St-Zip: TAMPA, FL 33602

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: BOWEN, MALCOLM  
Address: 3225 SOUTH MACDILL AVE , SUITE 129-232  
City-St-Zip: TAMPA, FL 33629

Title: S (X) Change ( ) Addition  
Name: BOWEN, STEPHANIE  
Address: 3225 SOUTH MACDILL AVE , SUITE 129-232  
City-St-Zip: TAMPA, FL 33629

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: MALCOLM BOWEN

DP

04/30/2008

Electronic Signature of Signing Officer or Director

Date