

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000128721

FILED
May 15, 2005
Secretary of State

Entity Name: WHITE COLLAR MEDIA CORPORATION

Current Principal Place of Business:

301 EAST PINE STREET
SUITE 150
ORLANDO, FL 32803 US

New Principal Place of Business:

Current Mailing Address:

614 NORTH EOLA DRIVE
FL, UNITED ST

New Mailing Address:

301 EAST PINE STREET
SUITE 150
ORLANDO, FL 32801 US

FEI Number: 20-1604823

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILKIE, MICHAEL S
614 NORTH EOLA DRIVE | STUDIO A
STUDIO A
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

WILKIE, MICHAEL S P
614 NORTH EOLA DRIVE
STUDIO A
ORLANDO, FL 32803 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: MICHAEL WILKIE

05/15/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WILKIE, MICHAEL S
Address: 614 NORTH EOLA DRIVE STUDIO A
City-St-Zip: ORLANDO, FL 32803 US

Title: SEC () Delete
Name: MASTERS, BENJAMIN B
Address: 1613 MOUNT VERNON STREEY
City-St-Zip: ORLANDO, FL 32803 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WILKIE, MICHAEL S MICHAEL
Address: 614 NORTH EOLA DRIVE STUDIO A
City-St-Zip: ORLANDO, FL 32803 US

Title: SEC (X) Change () Addition
Name: MASTERS, BENJAMIN B MICHAEL
Address: 1613 MOUNT VERNON STREET
City-St-Zip: ORLANDO, FL 32803 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BENJAMIN MASTERS

SEC

05/15/2005

Electronic Signature of Signing Officer or Director

Date