


# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P05000006891		
1. Entity Name MEDIA MASTERS GROUP, INC.		

Principal Place of Business 4720 SALISBURY RD., SUITE 28 JACKSONVILLE, FL 32256	Mailing Address 4720 SALISBURY RD., SUITE 28 JACKSONVILLE, FL 32256
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

**FILED**  
07 FEB 21 AM 8:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02172007 Chg-P CR2E034 (12/06)

4. FEI Number 20-2184381	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  INTREPID REGISTERED AGENT SERVICES LLC 1 INDEPENDENT DR SUITE 1200 JACKSONVILLE, FL 32202
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7. Name and Address of New Registered Agent Name <u>Tracy L. Sadeghian</u> Street Address (P.O. Box Number is Not Acceptable) <u>4720 Salisbury Rd, Suite 28</u> City <u>Jacksonville</u> FL <u>32256</u>
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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 <u>Tracy L. Sadeghian, President</u>	<u>Tracy L. Sadeghian</u>	DATE <u>2-15-07</u>

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SADEGHIAN, TRACY L 4720 SALISBURY RD STE 28 JACKSONVILLE, FL 32256 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Tracy L. Sadeghian, President</u>	DATE <u>2-15-07</u>	DAYTIME PHONE # <u>(904) 445-8077</u>
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Tracy L. Sadeghian, President

20-2/25