

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90038 009 ***150.00

DOCUMENT # P05000010225

1. Entity Name
OUT OF THE BOX MEDIA CONSULTANTS, INC.



Principal Place of Business
**3937 TAMPA RD
SUITE 6
OLDSMAR, FL 34677**

Mailing Address
**9743 NORTH GRAND DUKE CIRCLE
TAMARAC, FL 33321**

40011060



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

3937 Tampa Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 6

City & State

City & State

Oldsmar, FL

Zip

Country

Zip

Country

34677

Pinellas

01172008 Chg-P CR2E034 (12/06)

4. FEI Number
59-3527433

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RIVELLI-TATUM, DESIREE
3937 TAMPA RD 6
OLDSMAR, FL 34677**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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
**DPS
RIVELLI-TATUM, DESIREE
3937 TAMPA RD 6
OLDSMAR, FL 34677** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DVPT
TATUM, JOHN L
3937 TAMPA RD 6
OLDSMAR, FL 34677** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
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CITY - ST - ZIP ☐ Delete

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CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ 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

Date

Daytime Phone #

1/17/08

813-855-7075