

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2006 8:00 am
Secretary of State

04-21-2006 90104 048 ***150.00

DOCUMENT # P05000019487 1. Entity Name ARTEPMEDIA, INC.			
Principal Place of Business 660 WEYBRIDGE COURT LAKE MARY, FL 32746 US		Mailing Address 660 WEYBRIDGE COURT LAKE MARY, FL 32746 US	
2. Principal Place of Business 845 PICKFAIR TERRACE		3. Mailing Address 845 PICKFAIR TERRACE	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State LAKE MARY, FL		City & State LAKE MARY, FL	
Zip 32746 Country USA		Zip 32746 Country USA	
4. FEI Number 20-2407523		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COHEN, PETRA C 660 WEYBRIDGE COURT LAKE MARY, FL 32746		7. Name and Address of New Registered Agent Name COHEN, PETRA C Street Address (P.O. Box Number is Not Acceptable) 845 PICKFAIR TERRACE City LAKE MARY FL Zip Code 32746	
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 4-18-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <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	PRES COHEN, GRAHAM L 660 WEYBRIDGE COURT LAKE MARY, FL 32746	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES COHEN, GRAHAM L 845 PICKFAIR TERRACE LAKE MARY FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COHEN, PETRA C 660 WEYBRIDGE COURT LAKE MARY, FL 32746	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COHEN, PETRA C 845 PICKFAIR TERRACE LAKE MARY FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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:		4-18-06 407 444 8315	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

00017767





ATTACHMENT

66017767

FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 24, 2006

ARTEPMEDIA, INC.
C/O PETRA C COHEN
845 PICKFAIR TERRACE
LAKE MARY, FL 32746 US

SUBJECT: ARTEPMEDIA, INC.
Ref. Number: P05000019487

The enclosed letter and/or attachment(s) was/were returned to this office by the United States Postal Service due to an incorrect mailing address. Because the attached documentation reflects you are associated with this entity, we are forwarding these documents to you for appropriate handling.

To ensure this entity receives any future notices, it is imperative that this entity notify this office of its correct mailing address. PLEASE REVISE THE ENCLOSED DOCUMENT TO REFLECT THE CORRECT MAILING ADDRESS BEFORE RETURNING IT TO THIS OFFICE FOR PROCESSING.

Should you have any questions concerning this matter, you may contact our office by calling (850) 245-6056.

Division of Corporations

Letter Number: 506A00036430

MY APPOLOGIES. FIRST TIME DOING THIS. WE HAVE MOVED and
I HAVE REFLECTED THE CHANGES ON THIS FORM.