

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 05, 2007 8:00 am**  
**Secretary of State**

06-05-2007 90011 018 \*\*\*150.00

**DOCUMENT # P05000030391**

1. Entity Name  
**MEDDIA, INC.**



Principal Place of Business  
**10500 ULMERTON ROAD #390  
LARGO, FL 33771**

Mailing Address  
**10500 ULMERTON ROAD #390  
LARGO, FL 33771**

401151



05292007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-2416819**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**KUMI, STEFAN  
10500 ULMERTON ROAD #390  
LARGO, FL 33771**

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
KUMI, STEFAN  
10500 ULMERTON ROAD #390  
LARGO, FL 33771**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
TEFERICI, MIRELA  
10500 ULMERTON ROAD #390  
LARGO, FL 33771**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**The ~~ad~~ above person is  
no longer with this corpor.**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**The new person replacing  
her is:**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
KUMI KICO  
10500 ULMERTON Rd # 390  
Largo, FL 33771**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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

5/29/07

Date

727-804-4073

Daytime Phone #