

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90092 028 ***158.75

DOCUMENT # P05000035930

1. Entity Name
MAZUMA MEDIA, INC.



Principal Place of Business
**99 ATLANTIC AVE - STE 204
TORONTO, ONTARIO, CANADA
M6K 3J8,**

Mailing Address
**781 DOUGLAS AVE
ALTAMONTE SPRINGS, FL 32714**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01252007

Chg-P

CR2E034 (12/06)

4. FEI Number

72-1597420

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

**WALTERS, LAWRENCE G ESQ
781 DOUGLAS AVE
ALTAMONTE SPRINGS, FL 32714**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 **D** ☒ Delete
NAME **HICKMAN, STEPHANIE**
STREET ADDRESS **10345 INDEPENDENCE AVE**
CITY-ST-ZIP **CHATSORTH, CA 91311**

TITLE **D** ☒ Change ☐ Addition
NAME **KOSMAYER DAVE**
STREET ADDRESS **1212 QUEEN VICTORIA AVE**
CITY-ST-ZIP **MISSISSAUGA, ONTARIO L5H 3H3 CANADA**

TITLE **D** ☒ Delete
NAME **NG, JOHN**
STREET ADDRESS **9 SPADINA AVE - STE 717**
CITY-ST-ZIP **TORONTO, ONTARIO, CANADA, M5V 3V5**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

March 5/07 **416 532 1680**

Date

Daytime Phone #