

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000044989

Entity Name: XLNT MEDIAS INC.

FILED
Apr 06, 2009
Secretary of State

Current Principal Place of Business:

80 SW 8TH STREET
SUITE 1920
MIAMI, FL 33130

New Principal Place of Business:

Current Mailing Address:

1602 ALTON ROAD #77
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 43-2078407

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEREZ, GUSTAVO
407 LINCOLN ROAD #706
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GALLIANI, GIANCARLO
Address: 13789 SW 66 ST #F177
City-St-Zip: MIAMI, FL 33183

Title: VP () Delete
Name: LE PAULMIER, PATRICE
Address: 1756 BAYSHORE DRIVE
City-St-Zip: MIAMI, FL 33132 US

Title: S () Delete
Name: PEREZ, GUSTAVO
Address: 407 LINCOLN ROAD #706
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: T () Delete
Name: ESKENAZI, CYRIL
Address: 1155 BRICKELL BAY DRIVE
City-St-Zip: MIAMI, FL 33131 TG

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICE LEPAULMIER

VP

04/06/2009

Electronic Signature of Signing Officer or Director

Date