2007 FOR PROFIT CORPORATION ANNUAL REPORT

Aug 24, 2007 8:00 am Secretary of State **DOCUMENT # P05000069414** 08-24-2007 90024 039 ***150.00 1. Entity Name FAT FREE MEDIA INC. Mailing Address Principal Place of Business 296 NEW WATERFORD PLACE 296 NEW WATERFORD PLACE LONGWOOD, FL 32779 LONGWOOD, FL 32779 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1162 BRANTLEY ESTATES DR <u>380 S. ST. ROAD 434</u> Suite, Apt. #, etc. Suite, Apt. #, etc. 08142007 CR2F034 (12/06) Cha-P SUITE 1004-313 4. FEI Number Applied For City & State City & State ALTAMONTE SPRINGS FL ALTAMONTE SPRINGS Not Applicable 56-2512984 Country \$8.75 Additional 32714 5. Certificate of Status Desired ้นSA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WELDON, JENIFER WELDON, JENIFER L IP.O. Box Number is Not Acceptable 296 NEW WATERFORD PLACE LONGWOOD, FL 32779 CITYALTAMONTE SPRINGS 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 \$5.00 May Be 9. Election Campaign Financing FILE NOWER FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Due by September 14, 2007 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Change Addition ☐ Delete TIFLE HILE WELDON, JENIFER L WELDON, JENIFER L NAME NAME 1162 BRÁNTLEY ESTATES DRIVE 296 NEW WATERFORD PLACE STREET ADDRESS STREET ADDRESS CHY-ST-ZH LONGWOOD, FL 32779 CITY-ST-ZIP SPRINGS FZ ☐ Change 1011 6 ☐ Delete 11111 ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST. 7P CITY-ST-ZIP ☐ Defete TITLE Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition MAME NAME STREET ADORESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ITLE HILE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-70P CHY-ST-719 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 OF Davime Phone

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