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May 02, 2007 8:00 am
Secretary of State

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2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000077714

1. Entity Name
PRODUCTIVE MEDIA COMMUNICATIONS, INC.

40099861

Principal Place of Business	Mailing Address
7121 N. HABANA AVE. TAMPA, FL 33614	7121 N. HABANA AVE. TAMPA, FL 33614

04302007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
13014 N. Dale Mabry	1304 N. Dale Mabry
Suite, Apt. #, etc: # 633	Suite, Apt. #, etc: #633
City & State: TAMPA FL	City & State: TAMPA FL
Zip: 33619 Country: US	Zip: 33618 Country: US

4. FEI Number: 20-4773735 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROJAS-QUINONES, JACKIE
7121 N. HABANA AVE.
TAMPA, FL 33614

7. Name and Address of New Registered Agent

Name: VILA MARCELINO L.
Street Address (P.O. Box Number is Not Acceptable): 13014 N. Dale Mabry Hwy, #633
City: TAMPA FL Zip Code: 33618

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] DATE: 4/30/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P VILA, DIANE 7121 N. HABANA AVE. TAMPA, FL 33614	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VILA DIANE 13014 N. Dale Mabry Hwy Tampa, FL 33618	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP VILA, MARCELINO L 13014 N. DALE MABRY HWY, #633 TAMPA, FL 33618	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: [signature] 4/30/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #