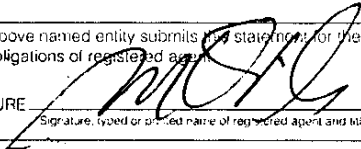
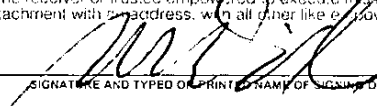


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90081 016 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                 |                                                                                                |                                                                                                                                                                                                                           |                                                                                    |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P05000077714</b><br>1. Entity Name<br><b>PRODUCTIVE MEDIA COMMUNICATIONS, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 |                                                                                                |                                                                                                                                                                                                                           |   |  |
| Principal Place of Business<br><b>7121 N. HABANA AVE.<br/>TAMPA, FL 33614</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |                                                                                                | Mailing Address<br><b>7121 N. HABANA AVE.<br/>TAMPA, FL 33614</b>                                                                                                                                                         |                                                                                    |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>13014 N. Dale Mabry Hwy #633</b><br><small>Suite, Apt. #, etc</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 | 3. Mailing Address<br><b>13014 N. Dale Mabry Hwy #633</b><br><small>Suite, Apt. #, etc</small> |                                                                                                                                                                                                                           |  |  |
| City & State<br><b>TAMPA FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                 | City & State<br><b>TAMPA FL</b>                                                                |                                                                                                                                                                                                                           | 4. FEI Number<br><b>20-4773735</b>                                                 |  |
| Zip<br><b>33618</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 | Zip<br><b>33618</b>                                                                            |                                                                                                                                                                                                                           | Country<br><b>US</b>                                                               |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                 |                                                                                                |                                                                                                                                                                                                                           | Applied For<br><input type="checkbox"/> Not Applicable                             |  |
| 6. Name and Address of Current Registered Agent<br><br><b>ROJAS-QUINONES, JACKIE<br/>7121 N. HABANA AVE.<br/>TAMPA, FL 33614</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 |                                                                                                | 7. Name and Address of New Registered Agent<br>Name <b>VILA, MARCELINO L.</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>13014 N. Dale Mabry Hwy, #633</b><br>City <b>TAMPA</b> FL Zip Code <b>33618</b> |                                                                                    |  |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 |                                                                                                | DATE <b>4/30/07</b>                                                                                                                                                                                                       |                                                                                    |  |
| Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-appointing)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 |                                                                                                | DATE                                                                                                                                                                                                                      |                                                                                    |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |                                                                                                | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                                                                                       |                                                                                    |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 |                                                                                                | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                                                     |                                                                                    |  |
| TITLE<br>P<br>NAME<br>VILA, DIANE<br>STREET ADDRESS<br>7121 N. HABANA AVE.<br>CITY- ST- ZIP<br>TAMPA, FL 33614                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete |                                                                                                | TITLE<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>VILA, DIANE<br>STREET ADDRESS<br>13014 N. Dale Mabry Hwy<br>CITY- ST- ZIP<br>TAMPA, FL 33618                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |  |
| TITLE<br>VP<br>NAME<br>VILA, MARCELINO L<br>STREET ADDRESS<br>13014 N. DALE MABRY HWY, #633<br>CITY- ST- ZIP<br>TAMPA, FL 33618                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Delete |                                                                                                | TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br><br>STREET ADDRESS<br><br>CITY- ST- ZIP<br>                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |  |
| TITLE<br><br>NAME<br><br>STREET ADDRESS<br><br>CITY- ST- ZIP<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete |                                                                                                | TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br><br>STREET ADDRESS<br><br>CITY- ST- ZIP<br>                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |  |
| TITLE<br><br>NAME<br><br>STREET ADDRESS<br><br>CITY- ST- ZIP<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete |                                                                                                | TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br><br>STREET ADDRESS<br><br>CITY- ST- ZIP<br>                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition                  |  |
| TITLE<br><br>NAME<br><br>STREET ADDRESS<br><br>CITY- ST- ZIP<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete |                                                                                                | TITLE<br><input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br><br>STREET ADDRESS<br><br>CITY- ST- ZIP<br>                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> 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 line 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 my address, with all other like empowered |                                 |                                                                                                |                                                                                                                                                                                                                           |                                                                                    |  |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |                                                                                                | DATE <b>4/30/07</b>                                                                                                                                                                                                       |                                                                                    |  |
| Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                 |                                                                                                | Date Daytime Phone #                                                                                                                                                                                                      |                                                                                    |  |