2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2008 8:00 am Secretary of State

DOCUMENT # P05000093564 1. Entity Name ROKOSZ MEDIA, INC.							05-02-2008	_				
Principal Place of Business Mailing Address						· ·						
7934 70TH STREET NORTH 7934 70TH STREET NORTH					.		, .		,			
PINELLAS PARK, FL 33781 UA PINELLAS PARK, FL 33781				•								
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Principal Place of Business - No P.O. Box # 3. Mailing Address												
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Suite, Apt. #, etc.		Suite, Apt. #, etc.				03072008	Chg-P	CR2E0	34 (12/06)			
City & State		City & State				4. FEI Numbe 20-308			<u> </u>	plied For t Applicable		
Zip	Country	Zip	Count			5. Certificate of Status Desir			\$8.75 Add			
	S. Name and Address of Current	Pagistared Apont	<u> </u>	·			<u> </u>		Fee Require	d		
6. Name and Address of Current Registered Agent N.						7. Name and Address of New Registered Agent Name						
ROKOSZ, CARRIE L CFO												
7934 70TH STREET NORTH					Street Address (P.O. Box Number is Not Acceptable)							
PINELLAS PARK, FL 33781				<u>-</u>								
						E						
				<u></u>	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 tipe if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.4 Trust Fund Contribution.						00 May Be ed to Fees		<u> </u>	,			
10.	OFFICERS AND		11.			ADDITIONS/	CHANGES TO O	FFICERS AND				
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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												

12. Thereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119, Florida Statutes. Inditine 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 has empowered.

SIGNATURE:

CHATUME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-08

727-631-1735

Daytime Phone #