

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000123161

FILED
May 31, 2007
Secretary of State

Entity Name: SATURDAY NEWSGROUP MEDIA INC.

Current Principal Place of Business:

320 SOUTH FLAMINGO DRIVE
SUITE #303
PEMBROKE PINES, FL 33027

New Principal Place of Business:

320 SOUTH FLAMINGO ROAD
SUITE #303
PEMBROKE PINES, FL 33027

Current Mailing Address:

320 SOUTH FLAMINGO DRIVE
SUITE #303
PEMBROKE PINES, FL 33027

New Mailing Address:

320 SOUTH FLAMINGO ROAD
SUITE #303
PEMBROKE PINES, FL 33027

FEI Number: 26-0125876

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PORTER, CRAIG M
320 SOUTH FLAMINGO DRIVE
SUITE #303
PEMBROKE PINES, FL 33027 US

Name and Address of New Registered Agent:

PORTER, CRAIG M
320 SOUTH FLAMINGO ROAD
SUITE #303
PEMBROKE PINES, FL 33027 US

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: CRAIG M. PORTER SR.

05/31/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PORTER, CRAIG M
Address: 320 SOUTH FLAMINGO DRIVE, SUITE #303
City-St-Zip: PEMBROKE PINES, FL 33027

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PORTER, CRAIG M
Address: 320 SOUTH FLAMINGO ROAD, SUITE #303
City-St-Zip: PEMBROKE PINES, FL 33027

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: CRAIG M. PORTER SR.

P

05/31/2007

Electronic Signature of Signing Officer or Director

Date