

2006 FOR PROFIT CORPORATION ANNUAL REPORT-(AR)

FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90017 045 ***150.00

DOCUMENT # P05000134810

1. Entity Name

MEDIA EVENTI, INC.



Principal Place of Business

**407 LINCOLN ROAD SUITE #10 B
MIAMI BEACH FL 33139**

Mailing Address

**407 LINCOLN ROAD SUITE #10 B
MIAMI BEACH FL 33139**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1268722

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)



6. Name and Address of Current Registered Agent

**MALIZIA, ANTONINO
407 LINCOLN ROAD SUITE #10 B
MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PST
MALIZIA, ANTONINO
407 LINCOLN ROAD SUITE #10 B
MIAMI BEACH FL 33139**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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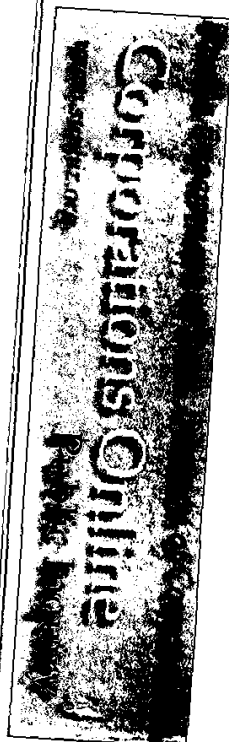
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal 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 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



OMAMERICA, INC.

Document Number
P05000134810

Date Filed
10/03/2005

Effective Date
None

Status
Active

EVENT TYPE	FILED DATE	EFFECTIVE DATE	DESCRIPTION
NAME CHANGE AMENDMENT	02/23/2006		OLD NAME WAS : MEDIA EVENTI, INC.

THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT

Corporations Inquiry

Corporations Help

ATTACHMENT

50002006
#P05000134810