

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2008 8:00 am**  
**Secretary of State**

04-09-2008 90040 036 \*\*\*150.00

<b>DOCUMENT # P05000147114</b>					
<b>1. Entity Name</b> MAXIM MEDIA GROUP, INC.					
<b>Principal Place of Business</b> 1489 WEST PALMETTO PARK RD. SUITE 420 BOCA RATON, FL 33486			<b>Mailing Address</b> 1489 WEST PALMETTO PARK RD. SUITE 420 BOCA RATON, FL 33486		
<b>2. Principal Place of Business - No P.O. Box #</b> 20283 State Rd 7 Ste 300		<b>3. Mailing Address</b> 20283 State Rd 7			
Suite, Apt. #, etc. Ste 300		Suite, Apt. #, etc. Ste 300			
<b>City &amp; State</b> Boca Raton FL		<b>City &amp; State</b> Boca Raton FL			
<b>Zip</b> 33498		<b>Country</b> USA		<b>4. FEI Number</b> 20-3736792	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> ELLIS, SETH ESQ 2385 EXECUTIVE CENTER DR SUITE 190 BOCA RATON, FL 33431			<b>7. Name and Address of New Registered Agent</b> Name: Michael Angelis Street Address (P.O. Box Number is Not Acceptable): 21783 Philmont Ct City: Boca Raton FL Zip Code: 33408		
<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.</b> SIGNATURE: <i>[Signature]</i> DATE: 4/3/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANGELIS, MICHAEL 21783 PHILMONT CT BOCA RATON, FL 33428		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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.</b>					
<b>SIGNATURE:</b> <i>[Signature]</i> DATE: 4/3/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					