2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 15, 2008 8:00 am **Secretary of State**

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01-15-2008 90034 034 ***158.75 DOCUMENT # P05000165637 1. Entity Name ESALES MEDIA, INC. 40004091 Principal Place of Business Mailing Address 1440 CORAL RIDGE DRIVE 1440 CORAL RIDGE DRIVE SUITE 278 SUITE 278 CORAL SPRINGS, FL 33071-5714 US CORAL SPRINGS, FL 33071-5714 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01092008 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied Fo 20-3971417 Not Applic Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCHWEITZER, CHARLES E Street Address (P.O. Box Number is Not Acceptable) 1040 BAYVIEW DRIVE #320 FORT LAUDERDALE, FL 33304-2532 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 acc the obligations of registered agent. SIGNATURE. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. П After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change MERCADO, FRED NAME NAME STREET ADDRESS 11257 NW 20TH DRIVE STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS, FL 330715714 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Ad Change | NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change STREET ADDRESS STREET ADDRESS CITY-ST-7IP CJTY-ST-ZIP TITLE Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Ad NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 informational 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 direct 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. changed, or on an attachment with an address, with all other like empowered.

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