


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90448 004 ***150.00

DOCUMENT # P05000167712 1. Entity Name C2 MEDIA, INC.			
Principal Place of Business 500 W. AIRPORT BLVD #1102 SANFORD, FL 32773		Mailing Address 500 W. AIRPORT BLVD #1102 SANFORD, FL 32773	
2. Principal Place of Business - No P.O. Box # 12156 Shady Spring Way Suite, Apt. #, etc.		3. Mailing Address 12156 Shady Spring Way Suite, Apt. #, etc.	
City & State Orlando, FL Zip 32828		City & State Orlando, FL Zip 32828	
Country		Country	
4. FEI Number 20-405148 20-4051748		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COWDREY, CHRISTINA M 500 W. AIRPORT BLVD #1102 SANFORD, FL 32773		7. Name and Address of New Registered Agent Name Donna L. Draves, Esq Street Address (P.O. Box Number is Not Acceptable) The Draves Law Firm, PA 120 East Concord Street City Orlando FL Zip Code 32801	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME COWDREY, CHRISTINA M STREET ADDRESS 500 W AIRPORT BLVD. # 1102 CITY-ST-ZIP SANFORD, FL 32773	<input type="checkbox"/> Delete	TITLE Change <input checked="" type="checkbox"/> <input type="checkbox"/> Addition	NAME 12156 Shady Spring Way STREET ADDRESS Orlando, FL 32828 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
SIGNATURE: 		CHRISTINA M. Cowdrey <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	
Date 4/26/07		Daytime Phone # 210-385-5824	