

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000014924

**FILED**  
**Mar 26, 2011**  
**Secretary of State**

**Entity Name:** SHADOW WAVE MEDIA INC.

**Current Principal Place of Business:**

2101 S. OCEAN DRIVE  
2306  
HOLLYWOOD, FL 33019

**New Principal Place of Business:**

**Current Mailing Address:**

2101 S. OCEAN DRIVE  
2306  
HOLLYWOOD, FL 33019

**New Mailing Address:**

**FEI Number:** 03-0580454

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WAXMAN, STEVE CEO  
2101 S. OCEAN DRIVE  
2306  
HOLLYWOOD, FL 33019 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** CEO  
**Name:** WAXMAN, STEVE  
**Address:** 2101 S. OCEAN DRIVE  
**City-St-Zip:** HOLLYWOOD, FL 33019

**Title:** P  
**Name:** WAXMAN, STEVE  
**Address:** 2101 S. OCEAN DRIVE  
**City-St-Zip:** HOLLYWOOD, FL 33019

**Title:** EP  
**Name:** WAXMAN, STEVE  
**Address:** 2101 S. OCEAN DRIVE  
**City-St-Zip:** HOLLYWOOD, FL 33019

I hereby 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 all other like empowered.

**SIGNATURE:** STEVE WAXMAN

PRES

03/26/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date