2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000032644

1. Entity Name

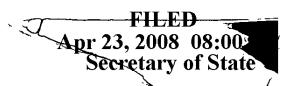
GENESISMEDIA PRODUCTIONS COMPANY



Principal Place of Business

Mailing Address

7223 HUNTERDON DR ORLANDO, FL 32819 7223 HUNTERDON DR ORLANDO, FL 32835





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DO NOT	WRITE	IN THIS	SPACE

01082008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-4484094

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STUART, WAYNE G 7223 HUNTERDON DR ORLANDO, FL 32835

DO NOT WRITE IN THIS SPACE

			:	INIF	IIS SPACE	
8. The above the obligat	named entity submits this statement for the plans of registered agent.	purpose of changing its register	ed office or registered	d agent, or both, in	the State of Florida. I am to	amiliar with, and accept
SIGNATURE	Signature: typed or printed name of registered agent and title	applicable (NOTE, Registere	id Agent signature required w	hen reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.		May Be		
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STUART, WAYNE G 7223 HUNTERDON DR ORLANDO, FL 32819					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					1 000000916339 05/12/08-80026	-001 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO N	OT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			t r	IN TH	IIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						Company (Company)
TITLE NAME						

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:

CITY-ST-ZIP

SIGNATURE AND YPED OR PRINTED NAME OF SHOWING OFFICER OR DIRECTOR

4-21-08

407-973-7048

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Daytime Phone #