2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jun 25, 2007 8:00 am **Secretary of State**

DOCUMENT# P06000035936 05-16-2007 90016 032 ***150.00 **BULTMAN MEDIA, INC.** Principal Place of Business Mailing Address OUDITORD 7701 TIMBERLIN PARK BLVD 7701 TIMBERLIN PARK BLVD 1517 1517 JACKSONVILLE, FL 32256 US JACKSONVILLE, FL 32256 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 04232007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 20-4503282 Not Applicable Zio Country 7in 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 Name **BULTMAN, CHRISTOPHER M** Street Address (P.O. Box Number is Not Acceptable) 7701 TIMBERLIN PARK BLVD 1517 JACKSONVILLE, FL 32256 City Zip Code 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 lamiliar with, and accept the obligations of registered agent. SIGNATURE Sometime, typed or princed name of registered agent and ideal applicable (NOTE: Registered Agent sign) DATE 9. Election Campaign Financing \$5.00 May Bo FILE NOWIN FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. tO. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change ☐ Addition Iffte ☐ Deleta HELE NAME **BULTMAN, CHRISTOPHER M** NAME STREET ADDRESS 7701 TIMBERLIN PARK BLVD #1517 SIREET ADDRESS CITY-ST-ZIP CITY-ST-77P JACKSONVILLE, FL 32256 Delete TRLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS SURFET ADDRESS CITY-ST-ZIP CITY-S1-DP ☐ Delete TITLE ☐ Change ☐ Addition TEXTS F NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP Delete TITLE [] Change Addition TITLE MALE STREET ADDRESS STREET ADDRESS CHY-SI-AP CHY-ST-ZP ☐ Addition Delete TITLE Change TITLE MAAF STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE MALAF STREET ADDRESS STREET ADDRESS CITY-ST-7P 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 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 eath; 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: