


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90022 039 ***150.00

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1. Entity Name
ELEVATION MEDIA, INC.

Principal Place of Business
222 SOUTH LEJUNE RD
CORAL GABLES, FL 33134

Mailing Address
222 SOUTH LEJUNE RD
CORAL GABLES, FL 33134

2. Principal Place of Business - No P.O. Box #
4530 SW 2nd terr
Suite, Apt. #, etc.

3. Mailing Address
4530 SW 2nd terrace
Suite, Apt. #, etc.

01222008 Chg-P CR2E034 (12/06)



City & State
Coral Gables
Zip
FL
Country
33134

City & State
Coral Gables
Zip
FL
Country
33134

4. FEI Number 56-2597472 X Applied For
NOT APPLICABLE Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MACARENO, RICARDO R
222 SOUTH LEJUNE RD
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name
Ricardo R. Macarena
Street Address (P.O. Box Number is Not Acceptable)
4530 SW 2nd terrace
City & State
Coral Gables FL
Zip Code
33134

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PS
NAME MACARENO, RICARDO R
STREET ADDRESS 222 SOUTH LEJUNE RD
CITY-ST-ZIP CORAL GABLES, FL 33134 ☐ Delete

TITLE V
NAME GRANDA, NORBERTO
STREET ADDRESS 222 SOUTH LEJUNE RD
CITY-ST-ZIP CORAL GABLES, FL 33134 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/22/2008 (305) 441-5959

Date

Daytime Phone #