## 2008 FOR PROFIT CORPORATION

## FILED **ANNUAL REPORT** Feb 04, 2008 08:00 AN **DOCUMENT # P06000071544 Secretary of State** MEDIA SKY STUDIO INC. Principal Place of Business Mailing Address 941 FRAMLINGHAM CT. 941 FRAMLINGHAM CT. #103 #103 LAKE MARY, FL 32746 LAKE MARY, FL 32746 01302008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-4933765 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE AVILA, AUGUSTO JR. 941 FRAMLINGTON CT. #103 IN THIS SPACE LAKE MARY, FL 32746 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, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be U00000812514 02/12/08-80052-015 150.00 FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME AVILA, AUGUSTO JR 941 FRAMLINGTON CT. #103 STREET ADDRESS LAKE MARY, FL 32746 CITY-ST-71P TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE V NAME STREET ADDRESS CITY-ST-ZIP