
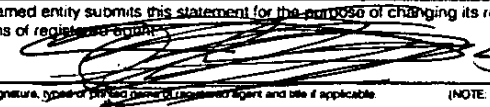
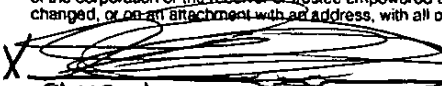


2008 FOR PROFIT CORPORATION ANNUAL REPORT

9/11/2008-90003-019-\$150.00-\$150.00

DOCUMENT # P06000081870			
1. Entity Name ELITE MEDIA DISTRIBUTION, INC.			
Principal Place of Business 504 AMETHYST WAY LAKE MARY, FL 32746		Mailing Address 504 AMETHYST WAY LAKE MARY, FL 32746	
2. Principal Place of Business - No P.O. Box # 4867 Cains Wren Trl		3. Mailing Address 4867 Cains Wren Trl	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Sanford, FL		City & State Sanford, FL 32771	
Zip 32771		Country USA	
6. Name and Address of Current Registered Agent SMITH, ANN 1217 PARK GREEN PL WINTER PARK, FL 32789		7. Name and Address of New Registered Agent Name: SHAWN JOHNSON Street Address (P.O. Box Number is Not Acceptable) 4867 Cains Wren Trl City: Sanford, FL Zip Code: 32771	
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:  SHAWN JOHNSON a/20/08 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE			
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSON, SHAWN 504 AMETHYST WAY LAKE MARY, FL 32746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSON, SHAWN 4867 Cains Wren Trl Sanford, FL 32771 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ASKEW, ROBIN 504 AMETHYST WAY LAKE MARY, FL 32746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOHNSON, ROBIN 4867 Cains Wren Trl Sanford, FL 32771 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.			
X  Signature		11/10/08 Date 407-574-1487 Phone #	

REINSTATEMENT 08

FILED
08 DEC -5 PM 12:38
SECRETARY OF STATE
TALLAHASSEE, FL 32304



JC 12/8