


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 13, 2008 8:00 am
Secretary of State

05-05-2008 90242 026 ***150.00

DOCUMENT # P06000082290
 1. Entity Name
E MEDIA DIRECT, INC.



Principal Place of Business Mailing Address
2221 LEE RD., STE. 17 **2221 LEE RD., STE. 17**
WINTER PARK FL 32789 **WINTER PARK FL 32789**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 State, Apt. #, etc. **Suite 24** State, Apt. #, etc. **Suite 24**

City & State City & State

Zip Country Zip Country

4. FEI Number **20-5079144** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
CFRA, LLC
4221 W. BOY SCOUT BLVD.
10TH FLOOR
TAMPA FL 33607

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City **FL** 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 familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature of the registered agent of the corporation filing this application. (NOTE: Registered Agent signature required when withdrawing)

FILE NOW!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT BURGHARD, RAYMOND 2221 LEE ROAD STE 17 WINTER PARK FL 32789	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS BURGHARD, DEBORAH 2221 LEE ROAD STE 17 WINTER PARK FL 32789	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Suite 24	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Suite 24	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 lists empowered.

SIGNATURE:  Date _____ Office Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR