

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90217 040 \*\*\*150.00

<b>DOCUMENT # P06000094397</b>					
<b>1. Entity Name</b> IMEDIA HOLDINGS, INC.					
<b>Principal Place of Business</b> 5701 PINE ISLAND RD SUITE 220 TAMARAC, FL 33021			<b>Mailing Address</b> 5701 PINE ISLAND RD SUITE 220 TAMARAC, FL 33021		
<b>2. Principal Place of Business - No P.O. Box #</b> 3111 N. University Drive Suite, Apt. #, etc. Suite 300 City & State Coral Springs FL Zip 33065 Country USA		<b>3. Mailing Address</b> 3111 N. University Dr Suite, Apt. #, etc. Suite 300 City & State Coral Springs FL Zip 33065 Country USA		40083885  	
<b>4. FEI Number</b> 20-5508046				<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				04242007 Chg-P CR2E034 (12/06)	
<b>6. Name and Address of Current Registered Agent</b> ROMM, MICHAEL R ESQ 315 SE 7TH STREET 1ST FLOOR FT LAUDERDALE, FL 33301			<b>7. Name and Address of New Registered Agent</b> Name Michael Romm Street Address (P.O. Box Number is Not Acceptable) 3111 N. University Drive Suite 300 City Coral Springs FL Zip Code 33065		
<b>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.</b>  SIGNATURE <u>Michael Romm</u> DATE <u>4-24-2007</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITTLE PTD NAME WEINSOFF, MICHAEL <input type="checkbox"/> Delete STREET ADDRESS 5701 PINE ISLAND RD SUITE 220 CITY-ST-ZIP TAMARAC, FL 33021	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITTLE PTD NAME Michael Weinsoff STREET ADDRESS 3111 N. University Drive, #300 CITY-ST-ZIP CORAL SPRINGS FL 33065	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITTLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITTLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITTLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITTLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITTLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITTLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITTLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITTLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
SIGNATURE: <u>X</u>			<u>4-25-2007 (754) 933-0199</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		