## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000102894

FILED Jun 24, 2009 Secretary of State

Entity Name: M3X MEDIA, INC. **Current Principal Place of Business: New Principal Place of Business:** 350 SOUTH COUNTY RD. SUITE 102 PALM BEACH, FL 33480 **New Mailing Address: Current Mailing Address:** 350 SOUTH COUNTY RD. SUITE 102 PALM BEACH, FL 33480 FEI Number: 87-0785153 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PRESS, MARC A 6551 ARLEIGH COURT BLDG. L APT. 102 BOCA RATON, FL 33433 US 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. SIGNATURE: Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition DEVERICKS, JAMES K DEVERICKS, JAMES K Name: Name: 350 SOUTH COUNTY RD. SUITE 102 350 SOUTH COUNTY RD. SUITE 102 Address: Address: City-St-Zip: PALM BEACH, FL 33480 US City-St-Zip: PALM BEACH, FL 33480 US Title: () Delete Title: ( ) Change (X) Addition Name: Name: SHAPIRO, JULIAN 100 HUGUENOT AVE. #5 A Address: Address: ENGLEWOOD, NJ 07631 US City-St-Zip: City-St-Zip: Title: ( ) Delete Title: ( ) Change (X) Addition Name: SPENCE, AINSWORTH J Name: 33 B CROSSINGS CIRCLE Address Address: City-St-Zip: City-St-Zip: BOYNTON BEACH, FL 33435

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES DEVERICKS P 06/24/2009