

# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000111282

Entity Name: IMAGE-N-MEDIA, INC.

FILED  
Nov 07, 2008  
Secretary of State

## Current Principal Place of Business:

14829 HORSESHOE TRACE  
WELLINGTON, FL 33414

## New Principal Place of Business:

## Current Mailing Address:

14829 HORSESHOE TRACE  
WELLINGTON, FL 33414

## New Mailing Address:

FEI Number: 20-5446654

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HORTET, EDWIN  
14829 HORSESHOE TRACE  
WELLINGTON, FL 33414 US

## Name and Address of New Registered Agent:

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

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: HORTET, EDWIN  
Address: 14829 HORSESHOE TRACE  
City-St-Zip: WELLINGTON, FL 33414

Title: VP ( ) Delete  
Name: HORTET, ANDRES  
Address: 14829 HORSESHOE TRACE  
City-St-Zip: WELLINGTON, FL 33414

Title: VP ( ) Delete  
Name: HORTET, CAMILO  
Address: 14829 HORSESHOE TRACE  
City-St-Zip: WELLINGTON, FL 33414

Title: TD ( ) Delete  
Name: ANTHONY, PATRICIA  
Address: 14829 HORSESHOE TRACE  
City-St-Zip: WELLINGTON, FL 33414

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: HORTET, MARIA CRISTINA  
Address: 14829 HORSESHOE TRACE  
City-St-Zip: WELLINGTON, FL 33414

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: HORTET, EDWIN  
Address: 14829 HORSESHOE TRACE  
City-St-Zip: WELLINGTON, FL 33414

Title: TD ( ) Change (X) Addition  
Name: ANTHONY, PATRICIA  
Address: 14829 HORSESHOE TRACE  
City-St-Zip: WELLINGTON, FL 33414

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: MARIA CRISTINA HORTET

PD

11/07/2008

Electronic Signature of Signing Officer or Director

Date