

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90020 004 ***158.75

DOCUMENT # P06000145453	
1. Entity Name DENNIS MEDIA, INC.	

Principal Place of Business 9686 FONTAINEBLEAU BLVD #201 MIAMI, FL 33172	Mailing Address 9686 FONTAINEBLEAU BLVD #201 MIAMI, FL 33172
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2. Principal Place of Business - No P.O. Box # 312 Lakeside Court	3. Mailing Address 312 Lakeside Court
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Sunrise FL	City & State Sunrise FL
Zip 33326	Zip 33326
Country United States	Country United States



04112008 Chg-P CR2E034 (12/06)

4. FEI Number 20-5904606	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PASTORIZO, DENNIS 9686 FONTAINEBLEAU BLVD #201 MIAMI, FL 33172	
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7. Name and Address of New Registered Agent Name Dennis Pastorizo Street Address (P.O. Box Number is Not Acceptable) 312 Lakeside Court City Sunrise FL Zip Code 33326	
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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 <u><i>Dennis Pastorizo</i></u> 4/13/08 Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete PD PASTORIZO, DENNIS 9686 FONTAINEBLEAU BLVD #201 MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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.

SIGNATURE: <u><i>Dennis Pastorizo</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	4/13/08 Date	(862) 668-5720 Daytime Phone #
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