## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000065115

Entity Name: CLUB MEDIA, INC.

FILED Aug 13, 2008 Secretary of State

Entity Na	me: CLUB ME	DIA, INC.				
Current P	rincipal Place	of Business:	New Prin	New Principal Place of Business:		
	50 PENINSULA CORPORATE CIRCLE UITE 3018		5100 WE: SUITE 50	ST COPANS ROAD		
BOCA RA	TON, FL 33498	3 US	MARGAT	E, FL 33063 US		
Current M	lailing Addres	s:	New Mai	New Mailing Address:		
950 PENINSULA CORPORATE CIRCLE SUITE 3018 BOCA RATON, FL 33498 US			SUITE 50	5100 WEST COPANS ROAD SUITE 500 MARGATE, FL 33063 US		
	,			,		
FEI Number	: 26-1218637	FEI Number Applied For ( )	FEI Number Not Ap	olicable ( ) Certific	ate of Status Desired ( )	
Name and	d Address of C	urrent Registered Agent:	Name an	d Address of New Reg	jistered Agent:	
18780 CAI BOCA RA The above	ENNETH J PE SABLE DR. TON, FL FL e named entity s e of Florida.	US submits this statement for the	purpose of changing	its registered office or	registered agent, or both,	
SIGNATU	RE:					
	Electron	ic Signature of Registered A	gent		Date	
		3(2)(b), F.S., the corporation did Trust Fund Contribution ( ).	not receive the prior noti	ce.		
OFFICERS AND DIRECTORS:			ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	IACOVETTI, DA	A CORPORATE CIRCLE	Title: Name: Address: City-St-Zip:	DPS (X) Change IACOVETTI, DAVID 5100 WEST COPANS RI MARGATE, FL 33063 US	D., STE. 500	
Title: Name: Address: Citv-St-Zip:	()	Delete	Title: Name: Address: Citv-St-Zip:	DVPT () Change DUNN, KENNETH J 5100 WEST COPANS RI MARGATE, FL 33063 US	D., STE. 500	

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: DAVID IACOVETTI P 08/13/2008