

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000076823

FILED  
Feb 03, 2009  
Secretary of State

Entity Name: BLAST MEDIA PRODUCTIONS INC

## Current Principal Place of Business:

100 ALMERIA AVE  
202  
CORAL GABLES, FL 33134

## New Principal Place of Business:

## Current Mailing Address:

100 ALMERIA AVE  
202  
CORAL GABLES, FL 33134

## New Mailing Address:

FEI Number: 26-0476589      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

EBNER, URS  
100 ALMERIA AVE  
202  
CORAL GABLES, FL 33134 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: EBNER, URS  
Address: 444 PERUGIA AVE.  
City-St-Zip: CORAL GABLES, FL 33146

Title: D ( ) Delete  
Name: GILLARDO, FABRICE  
Address: 11608 N.W. 50 TERRACE  
City-St-Zip: DORAL, FL 33178

Title: D ( ) Delete  
Name: SANCHEZ, WILLIAM  
Address: 1251 WEST 63 STREET  
City-St-Zip: HIALEAH, FL 33012

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D ( ) Change (X) Addition  
Name: MOORE, KELLY B  
Address: 4205 ARTHUR STREET  
City-St-Zip: HOLLYWOOD, FL 33021

Title: D ( ) Change (X) Addition  
Name: ARRAUT, JULIO C  
Address: 4205 ARTHUR STREET  
City-St-Zip: HOLLYWOOD, FL 33021

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: URS EBNER

P

02/03/2009

Electronic Signature of Signing Officer or Director

Date