

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000078928

FILED
May 01, 2009
Secretary of State

Entity Name: PILLOW FIGHT MEDIA, CORP.

Current Principal Place of Business:

7085 NOVA DR.
SUITE 232-B
DAVIE, FL 33317 US

New Principal Place of Business:

Current Mailing Address:

7085 NOVA DR.
SUITE 232-B
DAVIE, FL 33317 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BW&T BUSINESS ADVISERS, INC.
9050 PINES BLVD,
450
PEMBROKE PINES, FL 33024 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

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:

Title: PD () Delete
Name: BETANCOURT, RAUL
Address: 7585 NOVA DR. SUITE 232-B
City-St-Zip: DAVIE, FL 33317

Title: VPD () Delete
Name: GARZON, LINDA
Address: 848 SW 9TH STREET CIR #205
City-St-Zip: BOCA RATON, FL 33486

Title: TD () Delete
Name: ALARCON, DAVID
Address: 2015 NW 142ND WAY
City-St-Zip: PEMBROKE PINES, FL 33028

Title: MR () Delete
Name: MORENO, CAMILO A
Address: 104 NW 9TH TERRACE APT0:101
City-St-Zip: HALLANDALE BEACH, FL 33009

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

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: ALARCON DAVID

TD

05/01/2009

Electronic Signature of Signing Officer or Director

Date