## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000080847

City-St-Zip:

CORAL SPRINGS, FL 33067

Entity Name: FLAT MEDIA SYSTEMS INC.

FILED Apr 30, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 4630 NORTH UNIVERSITY DRIVE #512 CORAL SPRINGS, FL 33067 **Current Mailing Address: New Mailing Address:** 4630 NORTH UNIVERSITY DRIVE #512 CORAL SPRINGS, FL 33067 FEI Number: 22-3966662 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SPIEGEL & UTRERA, P.A. SHAKESPEARE, SCOTT 1840 SW 22ND ST. 4630 N. UNIVERSITY DRIVE 4TH FLOOR MIAMI, FL 33145 US CORAL SPRINGS, FL 33067 US 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: SCOTT SHAKESPEARE 04/30/2008 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition SHAKESPEARE, SCOTT Name: Name: 4630 NORTH UNIVERSITY DRIVE #512 Address: Address: City-St-Zip: CORAL SPRINGS, FL 33067 City-St-Zip: Title: VD Title: () Delete () Change () Addition Name: SANET LEE Name: 4630 NORTH UNIVERSITY DRIVE #512 Address: Address: CORAL SPRINGS, FL 33067 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: SD () Change () Addition CHERNOCH, WALLY Name: Name: 4630 NORTH UNIVERSITY DRIVE #512 Address: Address:

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.

City-St-Zip:

SIGNATURE: SCOTT SHAKESPEARE 04/30/2008 PD