

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000100414

Entity Name: P.M. MEDIA & MARKETING, INC.

FILED
May 02, 2009
Secretary of State

Current Principal Place of Business:

5726 CORTEZ ROAD WEST
256
BRADENTON, FL 34210

Current Mailing Address:

5726 CORTEZ ROAD WEST
256
BRADENTON, FL 34210

New Principal Place of Business:

4802 51 ST W
105
BRADENTON, FL 34210

New Mailing Address:

4802 51 ST W
105
BRADENTON, FL 34210

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

Name and Address of Current Registered Agent:

PROHIDNEY, MICHAEL J
1205 MANATEE AVE WEST
BRADENTON, FL 34205 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: DPST () Delete
Name: MORUZZI, MANUELA
Address: 5726 CORTEZ ROAD WEST #256
City-St-Zip: BRADENTON, FL 34210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: MORUZZI, MANUELA
Address: 4802 51 ST W # 105
City-St-Zip: BRADENTON, FL 34210

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: MANUELA MORUZZI

DIR

05/02/2009

Electronic Signature of Signing Officer or Director

_____ Date