

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000082518

Entity Name: TREVISO MEDIA GROUP, INC.

FILED  
Apr 21, 2009  
Secretary of State

## Current Principal Place of Business:

425 SOUTH AVALON PARK BOULEVARD  
SUITE 1000 #246  
ORLANDO, FL 32828

## New Principal Place of Business:

## Current Mailing Address:

425 SOUTH AVALON PARK BOULEVARD  
SUITE 1000 #246  
ORLANDO, FL 32828

## New Mailing Address:

FEI Number: 26-3382675

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PIERCE, KYLE  
425 SOUTH AVALON PARK BOULEVARD  
SUITE 1000 #246  
ORLANDO, FL 32828 US

## Name and Address of New Registered Agent:

PIERCE, KYLE PVST  
425 SOUTH AVALON PARK BOULEVARD  
SUITE 1000 #246  
ORLANDO, FL 32828 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: KYLE PIERCE

04/21/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PVST ( ) Delete  
Name: PIERCE, KYLE  
Address: 425 SOUTH AVALON PARK BLVD. 1000 #246  
City-St-Zip: ORLANDO, FL 32828

Title: D (X) Delete  
Name: PIERCE, KYLE  
Address: 425 SOUTH AVALON PARK BLVD. 1000 #246  
City-St-Zip: ORLANDO, FL 32828

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change ( ) Addition  
Name: PIERCE, KYLE PVST  
Address: 425 SOUTH AVALON PARK BLVD. 1000 #246  
City-St-Zip: ORLANDO, FL 32828

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: KYLE PIERCE

PVST

04/21/2009

Electronic Signature of Signing Officer or Director

Date