2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 16, 2009
Secretary of State

DOCUMENT# P08000083011

Entity Name: CS EPIC COMPANY

Current Principal Place of Business:

3900 OLDFIELD CROSSING DR, 1302
JACKSONVILLE, FL 32223 US

New Principal Place of Business:

3900 OLDFIELD CROSSING DR
#1319
JACKSONVILLE, FL 32223 US

Current Mailing Address:

3900 OLDFIELD CROSSING DR, 1302
JACKSONVILLE, FL 32223 US

New Mailing Address:

3900 OLDFIELD CROSSING DR
#1319
JACKSONVILLE, FL 32223 US

FEI Number: 26-3330538 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHOCKMEDIA CORPORATION
1650 SAND LAKE RD
#110
ORLANDO, FL FL 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: P ( ) Delete
Name: JUNIOR, LUIS M
Address: 3900 OLDFIELD CROSSING DR #1302
City-St-Zip: JACKSONVILLE, FL 32223 FL

Title: S ( ) Delete
Name: DA CRUZ, JULIO C
Address: 3900 OLDFIELD CROSSING DR #1302
City-St-Zip: JACKSONVILLE, FL 32223 US

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MOURA, LUIS L
Address: 3900 OLDFIELD CROSSING DR #1319
City-St-Zip: JACKSONVILLE, FL 32223 FL

Title: S (X) Change ( ) Addition
Name: DA CRUZ, JULIO C
Address: 3900 OLDFIELD CROSSING DR #1319
City-St-Zip: JACKSONVILLE, FL 32223 US

Title: M ( ) Change (X) Addition
Name: CARLOS, SILVANIO N
Address: 3900 OLDFIELD CROSSING DR #1319
City-St-Zip: JACKSONVILLE, FL 32223

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: LUIS L MOURA P 06/16/2009

Electronic Signature of Signing Officer or Director Date