

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P93000001357

1. Entity Name
RIGHT COAST MEDIA, INC.



08 OCT 17 AM 11:02

LANASSEE, FLORIDA

Principal Place of Business
321 OCEAN AVE #7
MELBOURNE BEACH, FL 32951 US

Mailing Address
P.O. BOX 33575
INDIALANTIC, FL 32903 US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08282008 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
59-3107060

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MITCHELL, BRUCE A
1825 S. RIVERVIEW DRIVE
MELBOURNE, FL 32901

Name
Kirschenbaum, Jack A.

Street Address (P.O. Box Number is Not Acceptable)
1795 West Nasa Blvd.

Melbourne

City
FL Zip Code
32901

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

10/15/2008

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
DUGAN, THOMAS R
2035 DATE PALM
INDIALANTIC, FL 32903 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
400137175704
10/22/08--01048--006 **61.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
MESEROLL, RICHARD P JR
212 FIR AVE.
MELBOURNE BEACH, FL 32951 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Thomas R. Dugan

THOMAS R. DUGAN

9/5/08

321-729-6121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/20/08