


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90073 025 ***150.00

DOCUMENT # P94000020307		
1. Entity Name MEDIA ENTERTAINMENT, INC.		

Principal Place of Business 4710 EISENHOWER CT TAMPA FL 33634 US	Mailing Address 4710 EISENHOWER CT C6 TAMPA FL 33634 US
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2. Principal Place of Business 7502 Surrey Pines Dr	3. Mailing Address 7502 Surrey Pines Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State Apollo Beach FL	City & State Apollo Beach FL
Zip 33572	Zip 33572
Country Hillsh	Country Hillsh

4. FEI Number 59-3232640	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent EMERY, ROBERT 4710 EISENHOWER BLVD, C-6 TAMPA FL 33634	
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7. Name and Address of New Registered Agent Name EMERY Robert Street Address (P.O. Box Number is Not Acceptable) 7502 Surrey Pines Dr City Apollo Beach FL Zip Code 33572	
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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 *Dusmon Emery VP* *Susanne Emery* DATE _____
(NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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	PRES EMERY, ROBERT J 4710 EISENHOWER C-6 TAMPA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPRE EMERY, SUSANNE 4710 EISENHOWER C-6 TAMPA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Dusmon Emery VP* *SUSANNE Emery* 2/14/06 813885-7793
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #