

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90310 020 ***150.00

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1: Entity Name
MAVERICK MEDIA HOLDING CORP.



Principal Place of Business
6910 CONATY ROAD
TAMPA, FL 33634 US

Mailing Address
PO BOX 15266
TAMPA, FL 33684-5266 US

40071207



01152006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3389506

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BATEMAN, RICK J
6910 CONATY ROAD
TAMPA, FL 33634

**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BATEMAN, RICK J
STREET ADDRESS	2410 SUNSET DRIVE 2924 KNIGHTS AVE
CITY-STATE-ZIP	TAMPA, FL 33630 33611
TITLE	DST
NAME	MANTER, GILBERT R
STREET ADDRESS	13334 MORAN DRIVE
CITY-STATE-ZIP	TAMPA, FL 33618
TITLE	D
NAME	GALLUP, HAROLD
STREET ADDRESS	2211 BODRICK CIR BLDG 10 UNIT 205
CITY-STATE-ZIP	BRANDON, FL 33511
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/06 (813) 8800317

Date

Daytime Phone #