


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2007 8:00 am**  
**Secretary of State**

05-08-2007 90014 039 \*\*\*150.00

|  |   |
|--|---|
| DOCUMENT # P96000017472                        |  |
| 1. Entity Name<br>MAVERICK MEDIA HOLDING CORP. |   |

|   |   |
|---|---|
| Principal Place of Business <b>2924</b><br><b>6910 CONANT ROAD 2924 W. Knights Ave</b><br><b>TAMPA, FL 33634 US</b><br><b>33611</b> | Mailing Address<br><b>PO BOX 15266 272416</b><br><b>TAMPA, FL 33684-5266 US</b><br><b>33688</b> |
|---|---|

401000



01162007 No Chg-P CR2E034 (11/05)

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|---|--|
| 4. FEI Number<br><b>59-3389506</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

|  |                                   |
|--|-----------------------------------|
| 6. Name and Address of Current Registered Agent<br><br><b>BATEMAN, RICK J</b><br><b>6910 CONANT ROAD 2924 W. Knights Ave</b><br><b>TAMPA, FL 33634 33611</b> | <b>DO NOT WRITE IN THIS SPACE</b> |
|  |                                   |

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

|   |  |
|---|--|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>BATEMAN, RICK J<br>2924 KNIGHTS AVE<br>TAMPA, FL 33611                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DST<br>MANter, GILBERT R<br>13334 MORAN DRIVE<br>TAMPA, FL 33618              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>GALLUP, HAROLD<br>2211 BODRICK CIR BLDG 10 UNIT 205<br>BRANDON, FL 33511 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

**DO NOT WRITE 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: Gilbert R Manter 9/23/07 (813) 3357042  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #