2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000024995

1. Entity Name MEDIA HOLDINGS, INC.

Secretary of State

Principal Place of Business

MIAMI BCH, FL 33139 US

960 ALTON ROAD 2ND FLOOR

Mailing Address

1425 N. VIEW DR.

MIAMI BCH, FL 33139 US



DO NOT WRITE IN THIS SPACE

No Chg-P 01242007 CR2E034 (11/05)

4. FEI Number 65-0656392

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

FILED

Feb 05, 2007 08:00 AM

6. Name and Address of Current Registered Agent

LEVINE, PHILIP 1425 N. VIEW DRIVE MIAMI BCH, FL 33139

DO NOT WRITE IN THIS SDAC

				IIN	INIS SPACE
	named entity submits this statement for the pations of registered agent.	urpose of changing its registered	d office or	egistered agent, or bot	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	OOL Delegation		required when reinstating)	i OATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.		\$5.00 May Be Added to Fees	UATE
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT D LEVINE, PHILIP L 1425 N. VIEW DR. MIAMI BEACH, FL 33139	PTORS			U00000620227 02/09/07-80028-016 150.00
NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN ⁻	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					

12. Thereby 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 so write and that we 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 and supplemental report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or trustee empor changed, or on an attachment with an address, w

SIGNATURE:

CITY-ST-ZIP

INTED NAME OF SIGNING OFFICER OR DIRECTOR