

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000026870

1. Entity Name
FRANKLIN MEDIA, INC.



**FILED
May 22, 2006 8:00 am
Secretary of State**

05-22-2006 90043 034 ***150.00

Principal Place of Business
2105 W GREGORY ST
PENSACOLA, FL 32505 US

Mailing Address
P O BOX 18126
PENSACOLA, FL 32523 US

2. Principal Place of Business
3300 N. Pace Blvd.

Suite, Apt. #, etc.
Suite 172

City & State
Pensacola, FL

Zip
32505

Country
United States

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

05162006 Chg-P CR2E034 (11/05)

4. FEI Number
59-3507520

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

FRANKLIN, JOHN L SR
7841 MELLOW DAYS DR
PENSACOLA, FL 32506

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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 \$550.00
Due by September 6, 2006**

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

D
FRANKLIN, JOHN L SR
7841 MELLOW DAYS DR
PENSACOLA, FL 32506

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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Change Addition

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Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 *es*, with all other like empowered.

SIGNATURE: *John B. Hall*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-17-06 (850)833-1716