2007 FOR PROFIT CORPORATION

Aug 17, 2007 08:00 Al Secretary of State **ANNUAL REPORT DOCUMENT # P96000026870** 1. Entity Name FRANKLIN MEDIA, INC. Principal Place of Business Mailing Address 3300 N. PALCE BLVD P 0 BOX 18126 PENSACOLA, FL 32523 US SUITE 172 PENSACOLA, FL 32505 08132007 CR2E034 (11/05) No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3507520 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE FRANKLIN, JOHN L SR 7841 MELLOW DAYS DR PENSACOLA, FL 32506 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. П Added to Fees Due by September 14, 2007 OFFICERS AND DIRECTORS 10. TITI F FRANKLIN, JOHN L SR NAME U00000772178 08/17/07-80001-018 550.00 STREET ADDRESS 7841 MELLOW DAYS DR PENSACOLA, FL 32506 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 suppliemental eport is you 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 of 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

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

FILED