## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000070898

Entity Name: J.L. MEDIA, INC.

FILED Feb 04, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
7205 CORPORATE CENTER DRIVE SUITE 505 MIAMI, FL 33126				1400 N.W. 107TH AVENUE SUITE 306 MIAMI, FL 33172		
Current Mailing Address:				New Mailing Address:		
7205 CORPORATE CENTER DRIVE SUITE 505 MIAMI, FL 33126			1400 N.W. 107TH AVENUE SUITE 306 MIAMI, FL 33172			
FEI Number:	65-0747224	FEI Number Applied For ( )	El Num	ber Not Appli	cable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						of New Registered Agent:
MARCI A. RUBIN, ATTORNEY AT LAW, P.A. 1601 N. HARRISON PARKWAY, #200-A SUNRISE, FL 33323 US						
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.						
SIGNATURE:						
Electronic Signature of Registered Agent				Date		
Election Campaign Financing Trust Fund Contribution ( ).						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DP ( ) LEVY, GERALI 1600 ROUTE 2 UNION, NJ 070	2		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	VPST ( ) DZIADZIO, JOH 1600 ROUTE 2 UNION, NJ 070	2		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	WELCH, LAUR	ATE CENTER DR, STE 505		Title: Name: Address: City-St-Zip:	DVP WELCH, LA 1400 N.W. MIAMI, FL	107TH AVENUE #306
Title: Name: Address: City-St-Zip:	ROBBIE, CRIS	ATE CENTER DR, STE 505		Title: Name: Address: City-St-Zip:		(X) Change ( ) Addition RISTOPHER 107TH AVENUE #306 33172
Title: Name: Address: City-St-Zip:	TOFFLER, JEF	ATE CENTER DR, STE 505		Title: Name: Address: City-St-Zip:	DVP TOFFLER, 1400 N.W. MIAMI, FL	107TH AVENUE #306

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAUREL WELCH DVP 02/04/2009