

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000033907

1. Entity Name
MEDIA FINANCIAL SERVICES, INC.



Principal Place of Business
2090 PALM BCH LAKES BLVD
THIRD FLOOR
W PALM BEACH, FL 33409 US

Mailing Address
2090 PALM BCH LAKES BLVD
THIRD FLOOR
W PALM BEACH, FL 33409 US

DO NOT WRITE IN THIS SPACE

FILED
Jan 22, 2007 08:00 AM
Secretary of State



01052007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0744050

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MCENTEE, WILLIAM J JR.
2090 PALM BEACH LAKES BLVD
THIRD FLOOR
WEST PALM BEACH, FL 33409

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MCENTEE, WILLIAM J
STREET ADDRESS 2090 PALM BEACH LAKES BLVD 3RD FLOOR
CITY-ST-ZIP W PALM BEACH, FL 33409

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01/22/07-80060-011.150.00

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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1/5/07 Daytime Phone #