


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2008 08:00 A
Secretary of State

DOCUMENT # P97000077001 1. Entity Name SHAYNE MEDIA, INC.	
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Principal Place of Business 2140 S. DIXIE HIGHWAY STE 301 MIAMI, FL 33133	Mailing Address 2140 S DIXIE HIGHWAY STE 301 MIAMI, FL 33133
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01112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0779288	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KLINE, JONATHAN PEMBROKE PINES PROFESSIONAL CENTER, #354 9050 PINES BLVD. PEMBROKE PINES, FL 33024
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**DO NOT WRITE
IN THIS SPACE**

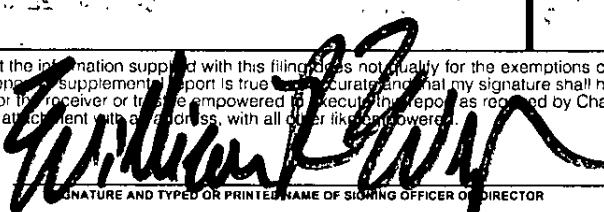
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WYLER, WILLIAM R 2140 S DIXIE HIGHWAY, STE 301 MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WYLER, JOHN S 2140 S DIXIE HIGHWAY, STE 301 MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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UD00000785330
01/16/08-80092-008 150.00

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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 and 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 the 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 and empowered. SIGNATURE:  1/14/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>
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