## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000082732

Entity Name: VISION MEDIA TECHNOLOGIES, INC.

FILED Jul 10, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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6023 16 RD SMITH VILLE, ONTARIO, lor2ao XX 1756 SADDLEBACK RIDGE ROAD

APOPKA, FL 32703

**Current Mailing Address: New Mailing Address:** 

lor2ao XX

1756 SADDLEBACK RIDGE ROAD 6023 16 RD SMITH VILLE, ONTARIO,

APOPKA, FL 32703

FEI Number: 65-0972873 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

UNITED CORPORATE SERVICES, INC. 9200 SOUTH DADELAND BLVD., #508 MIAMI, FL 33156 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

Title:

Name:

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

MURRAY, TIM

(X) Change ( ) Addition

Title: PSD () Delete

POWERS, JOHN Name:

6023 16TH ROAD 1515 INTERNATIONAL PARKWAY, SUITE 2013 Address: Address:

City-St-Zip: TORONTO, ONTARIO, CANADA, M4-T21 City-St-Zip: HEATHROW, FL 32746

Title: Title: (X) Change ( ) Addition () Delete

RAYBURN, DONNA Name: SISKIND, STEVEN L Name:

645 FIFTH AVE., STE 403 Address: 1756 SADDLEBACK RIDGE ROAD Address:

NEW YORK, NY 10022 APOPKA, FL 32703 City-St-Zip: City-St-Zip:

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: DONNA RAYBURN ST 07/10/2008