


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 06, 2008 8:00 am**  
**Secretary of State**

03-06-2008 90052 036 \*\*\*150.00

<b>DOCUMENT # P97000098779</b> 1. Entity Name <b>WELSH MEDIA PRODUCTIONS, INCORPORATED</b>																																															
Principal Place of Business <b>1820 NE 26 AVE., #2</b> <b>FORT LAUDERDALE, FL 33305</b>			Mailing Address <b>1820 NE 26 AVE., #2</b> <b>FORT LAUDERDALE, FL 33305</b>																																												
2. Principal Place of Business - No P.O. Box # <b>1170 N. FEDERAL HWY</b>		3. Mailing Address <b>1170 N. FEDERAL HWY</b>																																													
Suite, Apt. #, etc. <b>1006</b>		Suite, Apt. #, etc. <b>1006</b>																																													
City & State <b>FORT LAUDERDALE, FL</b>		City & State <b>FT. LAUDERDALE, FL</b>		4. FEI Number <b>65-0771255</b>																																											
Zip <b>33304</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																											
6. Name and Address of Current Registered Agent  <b>WELSH, PATRICK J</b> <del><b>1820 NE 26 AVE., #2</b></del> <del><b>FORT LAUDERDALE, FL 33305</b></del> <b>1170 N. FEDERAL HWY</b> <b>#1006</b> <b>FORT LAUDERDALE, FL</b> <b>33304</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____																																												
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 <u><i>Patrick J. Welsh</i></u> DATE <u>3/4/2008</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																															
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																												
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="width:50%; padding: 2px;">           P WELSH, PATRICK J <del>1820 NE 26 AVE., #2</del> FORT LAUDERDALE, FL 33305         </td> <td style="width:50%; padding: 2px;"> <input type="checkbox"/> Delete         </td> </tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WELSH, PATRICK J <del>1820 NE 26 AVE., #2</del> FORT LAUDERDALE, FL 33305	<input type="checkbox"/> Delete																			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="width:50%; padding: 2px;">           1170 N. FEDERAL HWY #1006 FORT LAUDERDALE, FL 33304         </td> <td style="width:50%; padding: 2px;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> <tr><td colspan="3" style="height: 40px;"></td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	1170 N. FEDERAL HWY #1006 FORT LAUDERDALE, FL 33304	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																		
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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: <u><i>Patrick J. Welsh</i></u> <u>3/4/2008</u> <u>954 463-5992</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																															