
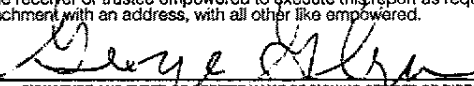


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 31, 2007 08:00 AM
Secretary of State**

DOCUMENT # P98000008439		
1. Entity Name BROADCAST MEDIA, INC.		
Principal Place of Business 11589 PUERTO BLVD BOYNTON BEACH, FL 33437 US		Mailing Address 11589 PUERTO BLVD BOYNTON BEACH, FL 33437 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent GORDON, HOWARD W 100 S.E. 2ND STREET 17TH FLOOR MIAMI, FL 33131		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 file if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	PSTD	
NAME	GLAZER, GEORGE	
STREET ADDRESS	11589 PUERTO BLVD.	
CITY-ST-ZIP	BOYNTON BCH, FL 33437	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: 		George GLAZER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1/30/07 561-733-5796



01032007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0823912	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

000000613987
02/06/07-80008-006 150.00

**DO NOT WRITE
IN THIS SPACE**