


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 01, 2007 8:00 am**  
**Secretary of State**

02-01-2007 90027 024 \*\*\*150.00

**DOCUMENT # P98000042598**

1. Entity Name  
**MEDIA CREATIONS INC.**



Principal Place of Business      Mailing Address  
**7915 W MCNAB RD**      **7915 W MCNAB RD**  
**TAMARAC, FL 33321 US**      **TAMARAC, FL 33321 US**

**40008053**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

01292007      Chg-P      CR2E034 (12/06)

City & State      City & State

4. FEI Number      Applied For  
**65-0837948**      Not Applicable

Zip      Country      Zip      Country

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

**6. Name and Address of Current Registered Agent**

**GREENSPAN, DEBORAH**  
**7970 NW 4TH PL**  
**PLANTATION, FL 33324**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      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 \_\_\_\_\_ (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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE      P       Delete  
NAME      **GREENSPAN, DEBORAH**  
STREET ADDRESS      **7970 NW 4TH PL**  
CITY-ST-ZIP      **PLANTATION, FL 333324**

TITLE       Change       Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE       Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE       Change       Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE       Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE       Change       Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE       Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE       Change       Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE       Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE       Change       Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE       Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE       Change       Addition  
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:** Deborah Greenspan      1/29/07      \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #