

**2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Jul 09, 2007  
Secretary of State**

DOCUMENT# P98000042598

Entity Name: MEDIA CREATIONS INC.

**Current Principal Place of Business:**

7915 W MCNAB RD  
TAMARAC, FL 33321 US

**New Principal Place of Business:**

**Current Mailing Address:**

7915 W MCNAB RD  
TAMARAC, FL 33321 US

**New Mailing Address:**

FEI Number: 65-0837948      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

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

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

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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GREENSPAN, DEBORAH  
Address: 7970 NW 4TH PL  
City-St-Zip: PLANTATION, FL 333324

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: GREENSPAN, DEBORAH  
Address: 7970 NW 4TH PL  
City-St-Zip: PLANTATION, FL 33324

Title: VP ( ) Change (X) Addition  
Name: SKEVIS, CASSANDRA  
Address: 7970 NW 4TH PLACE  
City-St-Zip: PLANTATION, FL 33324 US

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: DEBORAH GREENSPAN

P

07/09/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date