## **2008 FOR PROFIT CORPORATION**

## **ANNUAL REPORT**

DOCUMENT # P98000047333

1. Entity Name VP MEDIA, INC.

Principal Place of Business

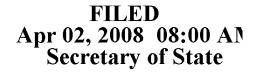
1801 SOUTH FEDERAL HWY

STE 300 DELRAY BEACH, FL 33483 Mailing Address

1801 SOUTH FEDERAL HWY

STE 300

DELRAY BEACH, FL 33483





## DO NOT WRITE IN THIS SPACE

02272008

No Chg-P

CR2E034 (11/05)

4. FEI Number 06-1520718 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHERRY, MARTIN 1801 SOUTH FEDERAL HWY STE 300 DELRAY BEACH, FL 33483

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pons of registered agent.	ourpose of changing its registere	ed office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE  Signature, typed or printed name of registered agent and bite if applicable (NOTE: Registered Agent signature required when reinstating)  DATE  11000000734000						
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Finan     Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	<del>U00000877438</del> 04/14/08-80014-015 150.00	
10.	OFFICERS AND DIREC	CTORS				
TITLE	DP				•	
NAME	CHERRY, ERIC					
STREET ADDRESS CITY-ST-ZIP	1801 SOUTH FEDERAL HWY, SUITE 235 DELRAY BEACH, FL 33483			·		
	DVS					
TITLE NAME	CHERRY, MARTIN					
STREET ADDRESS				DO NOT WRITE		
CITY - ST - ZIP	DELRAY BEACH, FL 33483					
TITLE	DT 33433					
NAME	POTENZA, JACK					
STREET ADDRESS						
CITY-SI-ZIP	LAKE WORTH, FL 33460					
TITLE			1	INI '	TUIC CDACE	
NAME				IIN	THIS SPACE	
STREET ADDRESS						
CITY ST-ZIP						
TITLE			1			
NAME	•			,		
STREET ADDRESS				•		
CITY-ST-ZIP			J			
TITLE						
NAME			Į.			

12. I hereby certify that the information supplied with this filting does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 this see 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.

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR