

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2006 8:00 am
Secretary of State

04-24-2006 90433 024 ***150.00

DOCUMENT # P98000071877			
1. Entity Name BEECH MEDIA, INC.			
Principal Place of Business 1672 INDIAN DANCE CT MAITLAND, FL 32751 US		Mailing Address 1672 INDIAN DANCE CT. MAITLAND, FL 32751 US	
2. Principal Place of Business		3. Mailing Address	
Sub: Principal Place of Business 281 CIRCLE DRIVE City: MAITLAND, FL 32751 Zip:	S: Mailing Address 281 CIRCLE DRIVE C: MAITLAND, FL 32751 Z:	04202006 Chg-P CR2E034 (11/05)	
4. FEI Number 59-3554810		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BEECH, REX 1672 INDIAN DANCE CT. MAITLAND, FL 32751		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: DATE: 4/20/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D NAME: BEECH, REX STREET ADDRESS: 1672 INDIAN DANCE CT CITY-ST-ZIP: MAITLAND, FL 32751	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: BEECH, SUSAN D STREET ADDRESS: 1672 INDIAN DANCE CT. CITY-ST-ZIP: MAITLAND, FL 32751	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input 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:			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: Daytime Phone:	