2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007
Secretary of State

DOCUMENT# P98000085804

Entity Name: FLORIDA MEDIA MANAGEMENT, INC.

Current Principal Place of Business:

4950 SAMOA CIRCLE
ORLANDO, FL 32808

New Principal Place of Business:

1069 W. MORSE BLVD
SUITE 100
WINTER PARK, FL 32789

Current Mailing Address:

475 MONTGOMERY PLACE
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 59-3535761 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KELLEY GOLDBERG LEACH AND COHN PL
475 MONTGOMERY PL
ALTAMONTE SPRINGS, FL 32714 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: LANGDON, SHEILA L
Address: 4950 SAMORA CR.
City-St-Zip: ORLANDO, FL 32808

Title: VD ( ) Delete
Name: LANGDON, DAVID B
Address: 4950 SAMORA CR.
City-St-Zip: ORLANDO, FL 32808

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: LANGDON, SHEILA L
Address: 1069 W. MORSE BLVD., SUITE 100
City-St-Zip: WINTER PARK, FL 32789

Title: VD (X) Change ( ) Addition
Name: LANGDON, DAVID B
Address: 1069 W. MORSE BLVD., SUITE 100
City-St-Zip: WINTER PARK, FL 32789

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: SHEILA LANGDON PSTD 05/01/2007

Electronic Signature of Signing Officer or Director Date