

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 08:00 AM**  
**Secretary of State**

|  |  |
|--|--|
| DOCUMENT # P98000086535  |  |
| 1. Entity Name<br>IMPACT MEDIA, INC.   |  |
| Principal Place of Business<br>159 S.W. 101ST WAY<br>CORAL SPRINGS, FL 33071 | Mailing Address<br>159 S.W. 101ST WAY<br>CORAL SPRINGS, FL 33071 |



04192007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>65-0867042 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

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

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

ADLER, BARRY  
159 S.W. 101ST WAY  
CORAL SPRINGS, FL 33071

**DO NOT WRITE  
IN THIS SPACE**

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: Barry

(NOTE: Registered Agent signature required when reinstating)

4/19/07  
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**

|                 |                         |
|-----------------|-------------------------|
| TITLE           | P                       |
| NAME            | ADLER, BARRY            |
| STREET ADDRESS  | 159 S.W. 101ST WAY      |
| CITY - ST - ZIP | CORAL SPRINGS, FL 33071 |
| TITLE           | VP                      |
| NAME            | ADLER, MELISSA          |
| STREET ADDRESS  | 159 S.W. 101ST WAY      |
| CITY - ST - ZIP | CORAL SPRINGS, FL 33071 |
| TITLE           |                         |
| NAME            |                         |
| STREET ADDRESS  |                         |
| CITY - ST - ZIP |                         |
| TITLE           |                         |
| NAME            |                         |
| STREET ADDRESS  |                         |
| CITY - ST - ZIP |                         |
| TITLE           |                         |
| NAME            |                         |
| STREET ADDRESS  |                         |
| CITY - ST - ZIP |                         |

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05/04/07-80056-024 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: Barry  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/07  
DATE

Daytime Phone #