

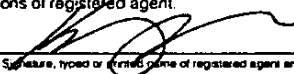


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Aug 06, 2008 8:00 am
Secretary of State

07-03-2008 90015 015 ***150.00

DOCUMENT # P98000103851 1. Entity Name MADDEN MEDIA GROUP, INC.					
Principal Place of Business 8695 COLLEGE PARKWAY SUITE 335 FORT MYERS, FL 33919			Mailing Address 8695 COLLEGE PARKWAY SUITE 335 FORT MYERS, FL 33919		
2. Principal Place of Business - No P.O. Box # 2309 SW 43RD. LANE Suite, Apt. #, etc.		3. Mailing Address 2309 SW 43 LANE Suite, Apt. #, etc.			
City & State CAPE CORAL FLORIDA Zip 33914 Country USA		City & State CAPE CORAL FL Zip 33914 Country USA		4. FEI Number 65-0879293 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				66015767 	
6. Name and Address of Current Registered Agent MADDEN, KELLY J 8695 COLLEGE PARKWAY SUITE 335 FORT MYERS, FL 33919			7. Name and Address of New Registered Agent Name MADDEN, KELLY J. Street Address (P.O. Box Number is Not Acceptable) 2309 SW 43 LANE City CAPE CORAL FL Zip Code 33914		
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  KELLY J. MADDEN <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 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MADDEN, KELLY 2309 SW 43RD LANE CAPE CORAL, FL 33914	<input type="checkbox"/> Delete			
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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: 