2008 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P99000091016 1. Entity Name 05-21-2008 90018 023 ***150.00 FIRST FLORIDA MEDIA INC. Principal Place of Business 5044 KNGwooD Mailing Address 5044 RINGWOOD 6316 WESTWARD PLACE WEADOW STEA 6316 WESTWARD PLACE MIGADOW SITE A 20002218 UNIVERSITY PARK, FL 34201 UNIVERSITY PARK FL 34201 SARASOTA, FL 34035 SARASOTA, FL34935 2. Principal Place of Business - No P.O. Box # 5049 KINGUOOD WEADOW 3. Mailing Address 5049 KNGWOOD MOADOW Suite, Apt. #, etc. 05162008 CR2E034 (12/06) Cha-P 4. FEI Number Applied For 65-0961482 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired LISA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CASTELL VINCENT CASTELL, VINCENT A. Street Address (P.O. Box Number is Not Acceptable) 6316 WESTWARD PLACE BRADENTON, FL 34201-2129 Suite D RINGWOOD MENDOW City SAKASOTA 8. The above riamed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am famillar with, and accept the obligations of registered age Villeen *20*08 (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. FILE NOWILL FEE IS \$150.00 Trust Fund Contribution. Added to Fees Due by September 12, 2008 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete Change ☐ Addition TITLE TITLE CASTELL VINCENT CASTELL, VINCENT A NAME NAME 5049 RINGWOOD WEADOW SEA STREET ADDRESS 6316 WESTWARD PLACE STREET ADDRESS BRADENTON, FL-342012129 SARASOTA FL 3435 CITY-ST-7IP CITY-ST-78P Change ☐ Addition TITLE ☐ Delete TITLE CASTELL CONSTANCE E CASTELL, CONSTANCE E NAME NAME STE A 5049 KINGWOOD MONDOW 6316 WESTWARD PLAGE STREET ADDRESS STREET ADDRESS CITY-ST-ZIF BRADENTON; FL 342012129 CITY-ST-ZIP Delete MLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADORESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Detete TIFLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 of the receiver or tuestee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the receiver or tuestee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the receiver or tuestee. changed, or on an attachment with a with all other like empowered. VINCENT A CASTELL SIGNATURE:

FILED

May 21, 2008 8:00 am