FILED
Apr 21, 2008 08:00 A
Secretary of State

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000097560

1. Entity Name
MEDIA SOURCE CORPORATION

Principal Place of Business	Mailing Address
12244 TREELINE AVE. UNIT #2 FORT MYERS, FL 33913	12244 TREELINE AVE. UNIT #2 FORT MYERS, FL 33913

DO NOT WRITE IN THIS SPACE

04162008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0983353
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CAMPBELL, KYLE
1339 WALES DRIVE
FORT MYERS, FL 33901

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000909351
05/06/08-80066-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CAMPBELL, KYLE
STREET ADDRESS	1339 WALES DRIVE
CITY-ST-ZIP	FORT MYERS, FL 33901
TITLE	VP
NAME	KING, KEVIN
STREET ADDRESS	1460 GROVE AVE
CITY-ST-ZIP	FORT MYERS, FL 33901
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Kyle Campbell Kyle Campbell 04/17/08 239-931-3230
Signature and typed or printed name of officer or director — Date — Daytime Phone #