


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007 08:00 AM
Secretary of State

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| DOCUMENT # V73487 1. Entity Name CHAMPION COMMUNICATIONS, INC. |  |
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| Principal Place of Business %ERIC BACHKOFF 1801 S FEDERAL HWY, SUITE 300 DELRAY BEACH, FL 33483 | Mailing Address %ERIC BACHKOFF 1801 S FEDERAL HWY, SUITE 300 DELRAY BEACH, FL 33483 |
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01252007 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 65-0406732 | Applied For Not Applicable |
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BACHKOFF, ERIC
 1801 S FEDERAL HWY
 SUITE 300
 DELRAY BEACH, FL 33483

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

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

U00000645222
03/02/07-80075-012 150.00

| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BACHKOFF, ERIC 1801 S FEDERAL HWY., SUITE 300 DELRAY BEACH, FL 33483 |
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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____