

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S78160

Entity Name: PALM BEACH MEDIA GROUP INC.**Current Principal Place of Business:**1000 N DIXIE HWY
SUITE C
W PALM BEACH, FL 33401**Current Mailing Address:**11390 TWELVE OAKS WAY
STE 520
N PALM BEACH, FL 33408 US**FEI Number:** 65-0286289**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**POWELL, KAREN M
11390 TWELVE OAKS WAY # 520
NORTH PALM BEACH, FL 33408 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DIRECTOR, CHAIRMAN, TREASURER
Name	POWELL, KAREN M
Address	11390 TWELVE OAKS WAY, #520
City-State-Zip:	N PALM BEACH FL 33408

Title	DIRECTOR, PRESIDENT, SECRETARY
Name	PRIMEAU, ROBERT J
Address	PO BOX 33387
City-State-Zip:	PALM BEACH GARDENS FL 33420

Title	DIRECTOR, COO
Name	SCHMIDT, TODD R
Address	1000 N DIXIE HWY SUITE C
City-State-Zip:	WEST PALM BEACH FL 33401

Title	GROUP PUBLISHER
Name	DUFFY, TERRY P
Address	1000 N DIXIE HWY SUITE C
City-State-Zip:	WEST PALM BEACH FL 33401

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT J PRIMEAU

PRESIDENT

01/30/2015

Electronic Signature of Signing Officer/Director Detail_____
Date