
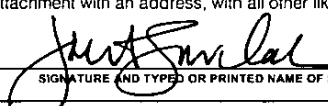


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 13, 2007 8:00 am**  
**Secretary of State**

07-13-2007 90085 039 \*\*\*150.00

|  |   |  |   |
|--|---|--|---|
| DOCUMENT # F06000006474  |   |   |   |
| 1. Entity Name<br>VIAMEDIA, INC.   |   |  |   |
| Principal Place of Business<br><del>3910 ADLER PLACE</del><br>BETHLEHEM, PA 18017  |   | Mailing Address<br><del>3910 ADLER PLACE</del><br>BETHLEHEM, PA 18017  |   |
| 2. Principal Place of Business - No P.O. Box #<br>220 LEXINGTON GREEN  |   | 3. Mailing Address<br>1633 N. 26TH ST.   |   |
| Suite, Apt. #, etc.<br>SUITE 300   |   | Suite, Apt. #, etc.  |   |
| City & State<br>LEXINGTON, KY  |   | City & State<br>ALLENTOWN, PA  |   |
| Zip<br>40503   |   | Zip<br>18104   |   |
| Country<br>USA   |   | Country  |   |
| 4. FEI Number<br>23-3094448  |   | Applied For<br>Not Applicable  |   |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   | \$8.75 Additional Fee Required   |   |
| 6. Name and Address of Current Registered Agent<br>CORPORATION SERVICE COMPANY<br>1201 HAYS STREET<br>TALLAHASSEE, FL 32301  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |   |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |   |  |   |
| <b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>   |   | 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DP<br>CARTER, JEFFREY B<br>220 LEXINGTON GREEN CIRCLE, SUITE 300<br>LEXINGTON, KY 40503 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DCEO<br>DONNELLY, TODD<br>3910 ALDER PLACE<br>BETHLEHEM, PA 18017 <input type="checkbox"/> Delete                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | S<br>LYKES, RANDY<br>200 LEXINGTON GREEN CIRCLE, STE. 300<br>LEXINGTON, KY 40503 <input type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | T<br>SAVCHAK, JOHN<br>1633 N. 26TH STREET<br>ALLENTOWN, PA 18104 <input type="checkbox"/> Delete                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:    |   | JOHN A. SAVCHAK, TREAS 7/3/07 610 434-7700   |   |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |   | <small>Date Daytime Phone #</small>  |   |