
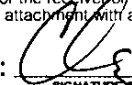


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90448 004 \*\*\*150.00

DOCUMENT # P05000167712			
1. Entity Name C2 MEDIA, INC.			
Principal Place of Business 500 W. AIRPORT BLVD #1102 SANFORD, FL 32773		Mailing Address 500 W. AIRPORT BLVD #1102 SANFORD, FL 32773	
2. Principal Place of Business - No P.O. Box # 12156 Shady Spring Way Suite, Apt. #, etc.		3. Mailing Address 12156 Shady Spring Way Suite, Apt. #, etc.	
City & State Orlando, FL Zip 32828 Country		City & State Orlando, FL Zip 32828 Country	
4. FEI Number <del>20-405148</del> 20-4051748		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COWDREY, CHRISTINA M 500 W. AIRPORT BLVD #1102 SANFORD, FL 32773		7. Name and Address of New Registered Agent Name: Donna L. Draves, Esq. Street Address (P.O. Box Number is Not Acceptable): The Draves Law Firm, PA 120 East Concord Street City: Orlando FL Zip Code: 32801	
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 _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME COWDREY, CHRISTINA M STREET ADDRESS 500 W AIRPORT BLVD. # 1102 CITY-ST-ZIP SANFORD, FL 32773	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 12156 Shady Spring Way CITY-ST-ZIP Orlando, FL 32828	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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:  CHRISTINA M. Cowdrey		Date: 4/26/07	Daytime Phone #: 210-385-5824

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04262007 Chg-P CR2E034 (12/06)