

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000050122

Entity Name: TRIAD MEDIA, INC.

FILED  
Jun 16, 2009  
Secretary of State

**Current Principal Place of Business:**

171 ENGLISH DRIVE  
215  
PARKVILLE, MO 64152

**New Principal Place of Business:**

**Current Mailing Address:**

171 ENGLISH DRIVE  
215  
PARKVILLE, MO 64152

**New Mailing Address:**

FEI Number: 59-3197422      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHOENE, JOHN S  
100 E SYBELIA AVENUE #205  
MAITLAND, FL 32751 US

**Name and Address of New Registered Agent:**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D, P ( ) Delete  
Name: HACKETT, DOUGLAS S  
Address: 171 ENGLISH LANDING DRIVE  
City-St-Zip: PARKVILLE, MO 64152

Title: D, S ( ) Delete  
Name: HACKETT, MARGIE  
Address: 171 ENGLISH LANDING DRIVE  
City-St-Zip: PARKVILLE, MO 64152

Title: D ( ) Delete  
Name: OLD, RICHARD  
Address: 171 ENGLISH LANDING DRIVE  
City-St-Zip: PARKVILLE, MO 64152

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DOUGLAS S HACKETT

P

06/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date