

Sep 08 1997 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000072665 (8)**

1. Corporation Name
AMC PUBLISHING, INC.



Principal Place of Business 620 LAKEVIEW ROAD CLEARWATER FL 34616	Mailing Address 620 LAKEVIEW ROAD CLEARWATER FL 34616
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/03/1996	3a. Date of Last Report
21		26		4. FEI Number 75-2343991	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SKALSKI, JOSEPH C ESQ. 4500 140TH AVENUE NO. STE 214 CLEARWATER FL 34622				10. Name and Address of New Registered Agent	
				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83.	
				84. City	85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD SLAUGHTER, DAVID B	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	620 LAKEVIEW ROAD	1.2 NAME	
STREET ADDRESS	CLEARWATER FL 34616	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	SD SLAUGHTER, BENNETTA	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	620 LAKEVIEW ROAD	2.2 NAME	
STREET ADDRESS	CLEARWATER FL 34616	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VD SCHAFFNER, JEFF L	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	620 LAKEVIEW ROAD	3.2 NAME	
STREET ADDRESS	CLEARWATER FL 34616	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *David B. Slaughter* **DAVID B. SLAUGHTER** 8/29/97 446-1100
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0067764

CP2E034 (4/97)

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Mar 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000072665 (8)

1. Corporation Name
AMC PUBLISHING, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 620 LAKEVIEW ROAD CLEARWATER FL 34616
Mailing Address: 620 LAKEVIEW ROAD CLEARWATER FL 34616

3. Date Incorporated or Qualified: 09/03/1996
4. FEI Number: 75-2343991
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30: Yes

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-29) details including Suite, Apt. #, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: SKALSKI, JOSEPH C ESQ. 4500 140TH AVENUE NO. STE 214 CLEARWATER FL 34622

10. Name and Address of New Registered Agent (81-85) details including Name, Street Address, City, and Zip Code (FL).

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [Signature] (NOTE: Registered Agent signature required when reinstating) DATE:

Table 12: OFFICERS AND DIRECTORS. Columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include PTD SLAUGHTER, DAVID B; SD SLAUGHTER, BENNETTA; VD SCHAFFNER, JEFF L.

Table 13: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Columns: 1.1-1.4 TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP; 2.1-2.4, 3.1-3.4, 4.1-4.4, 5.1-5.4, 6.1-6.4. Includes checkboxes for Change and Addition.

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 or empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 (if changed or on an appointment) in an address.

SIGNATURE: [Signature] 3/17/98 813-446-1100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0090407

CR2E034 (10/97)

PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000072665

1. Corporation Name
AMC PUBLISHING, INC.



Principal Place of Business
620 LAKEVIEW ROAD
CLEARWATER FL 34616

Mailing Address
620 LAKEVIEW ROAD
CLEARWATER FL 34616

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 1255 CLEVELAND ST		26 1255 CLEVELAND ST		09/03/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 STE 300		27 STE 300		75-2343991	
City & State		City & State		5. Certificate of Status Desired	
23 CLEARWATER, FL		28 CLEARWATER FL		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Election Campaign Financing Trust Fund Contribution	
24 33755 25 Pinellas		29 33755 30 Pinellas		<input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				8. This corporation owes the current year intangible Personal Property Tax.	
SKALSKI, JOSEPH C ESQ. 4500 140TH AVENUE NO. STE 214 CLEARWATER FL 34622				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.				10. Name and Address of New Registered Agent	
SIGNATURE: <i>Joseph C Skalski</i>				81 Name JOSEPH C. SKALSKI	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				82 Street Address (P.O. Box Number is Not Acceptable) 14010 ROOSEVELT BLVD	
				83 SUITE 708	
				84 City CLEARWATER FL 85 Zip Code 33762	
				DATE 4/22/99	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLAUGHTER, DAVID B	1.2 NAME	
STREET ADDRESS	620 LAKEVIEW ROAD	1.3 STREET ADDRESS	1255 CLEVELAND ST STE 300
CITY-ST-ZIP	CLEARWATER FL 34616	1.4 CITY-ST-ZIP	33755
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLAUGHTER, BENNETTA	2.2 NAME	
STREET ADDRESS	620 LAKEVIEW ROAD	2.3 STREET ADDRESS	1255 CLEVELAND ST STE 300
CITY-ST-ZIP	CLEARWATER FL 34616	2.4 CITY-ST-ZIP	33755
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHAFFNER, JEFF L	3.2 NAME	
STREET ADDRESS	620 LAKEVIEW ROAD	3.3 STREET ADDRESS	1255 CLEVELAND ST STE 300
CITY-ST-ZIP	CLEARWATER FL 34616	3.4 CITY-ST-ZIP	33755
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 (if changed) or on an attachment with an address, with all other like empowered.

SIGNATURE: *David B Slaughter* 4/5/99 Date Daytime Phone #

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90219 038 ***150.00

DOCUMENT # P96000072665

1. Entity Name

AMC PUBLISHING, INC.

Principal Place of Business

Mailing Address

1255 CLEVELAND ST
 STE 300
 CLEARWATER FL 33755

1255 CLEVELAND ST
 STE 300
 CLEARWATER FL 33755-4910

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

75-2343991

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SKALSKI, JOSEPH C ESQ.
14010 ROOSEVELT BLVD
SUITE 708
CLEARWATER FL 33762

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SLAUGHTER, DAVID B 1255 CLEVELAND ST, STE 300 CLEARWATER FL 33755	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SLAUGHTER, BENNETTA 1255 CLEVELAND ST, STE 300 CLEARWATER FL 33755	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHAFFNER, JEFF L 1255 CLEVELAND ST, STE 300 CLEARWATER FL 33755	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

David B. Slaughter
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID B. SLAUGHTER

4/28/00 727-446-1100

Date

Daytime Phone #

CR2E034 (9/99)

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90373 033 ***150.00

0364976

DOCUMENT # P96000072665

1. Entity Name
AMC PUBLISHING, INC.

Principal Place of Business 1255 CLEVELAND ST STE 300 CLEARWATER FL 33755	Mailing Address 1255 CLEVELAND ST STE 300 CLEARWATER FL 33755
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 75-2343991		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
SKALSKI, JOSEPH C ESQ. 14010 ROOSEVELT BLVD SUITE 708 CLEARWATER FL 33762				Name							
				Street Address (P.O. Box Number is Not Acceptable)							
				City				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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PTD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SLAUGHTER, DAVID B			NAME			
STREET ADDRESS	1255 CLEVELAND ST, STE 300			STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL 33755			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SLAUGHTER, BENNETTA			NAME			
STREET ADDRESS	1255 CLEVELAND ST, STE 300			STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL 33755			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHAFFNER, JEFF L			NAME			
STREET ADDRESS	1255 CLEVELAND ST, STE 300			STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL 33755			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David B. Slaughter **DAVID B. SLAUGHTER** 2/5/01 **(727) 446-1100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

LAW OFFICES
JOSEPH C. SKALSKI, P. A.
14010 ROOSEVELT BLVD., SUITE 708
P. O. Box 17799
CLEARWATER, FL 33762

(727) 536-5000

FAX - (727) 536-4174

P96000072665

August 15, 2001

State of Florida
Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

500004539985--9
-08/17/01--01043--022
*****43.75 *****43.75

Re: AMC Publishing, Inc.

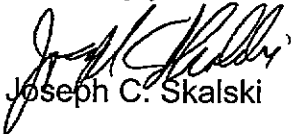
Dear Sir or Madam:

Enclosed please find the original and one copy of the Articles of Amendment to the Articles of Incorporation for the above-referenced entity and our check in the amount of \$43.75 to cover the following:

√	Filing Fee	\$ 35.00
√	Certified Copy Fee	8.75

We would appreciate your filing the Amendment, certifying same and returning the certified copy to us.

Sincerely yours,


Joseph C. Skalski

Enclosures

FILED
01 AUG 17 AM 9:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AC
LEWIS AUG 23 2001

ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF
AMC PUBLISHING, INC.

FILED
01 AUG 17 AM 9:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of Section 607.1006, Florida Statutes, this Florida profit corporation adopts the following articles of amendment to its articles of incorporation:

FIRST:

The name of the corporation is: AMC Publishing, Inc.

SECOND:

The following amendment to the articles of incorporation was adopted by the corporation:

The name of the corporation shall be changed from AMC Publishing, Inc.
to Agent Media Corporation

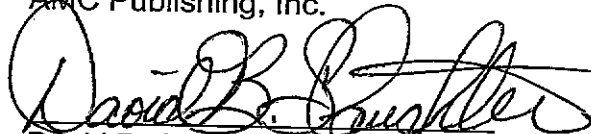
THIRD:

The amendment was approved by the shareholders. The number of votes cast for the amendment was sufficient for approval.

Signed this 14 day of August, 2001.

AMC Publishing, Inc.

By:


David B. Slaughter, President

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90163 018 ***150.00

RECEIVED AV

DOCUMENT # P96000072665
 1. Entity Name
AGENT MEDIA CORPORATION

Principal Place of Business 1255 CLEVELAND ST STE 300 CLEARWATER FL 33755	Mailing Address 1255 CLEVELAND ST STE 300 CLEARWATER FL 33755
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 75-2343991	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SKALSKI, JOSEPH C ESQ.
14010 ROOSEVELT BLVD
SUITE 708
CLEARWATER FL 33762

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SLAUGHTER, DAVID B 1255 CLEVELAND ST, STE 300 CLEARWATER FL 33755	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SLAUGHTER, BENNETTA 1255 CLEVELAND ST, STE 300 CLEARWATER FL 33755	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHAFFNER, JEFF L 1255 CLEVELAND ST, STE 300 CLEARWATER FL 33755	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *David B. Slaughter* **1/24/02** **727-446-1100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 91013 008 ***150.00

04992956 AV

DOCUMENT # P96000072665

1. Entity Name
AGENT MEDIA CORPORATION



Principal Place of Business
**1255 CLEVELAND ST
STE 300
CLEARWATER FL 33755**

Mailing Address
**1255 CLEVELAND ST
STE 300
CLEARWATER FL 33755**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
200

Suite, Apt. #, etc.
200

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **75-2343991**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SKALSKI, JOSEPH C ESQ.
14010 ROOSEVELT BLVD
SUITE 708
CLEARWATER FL 33762**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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 _____ (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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input type="checkbox"/> Delete
NAME	SLAUGHTER, DAVID B	
STREET ADDRESS	1255 CLEVELAND ST, STE 300	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SLAUGHTER, BENNETTA	
STREET ADDRESS	1255 CLEVELAND ST, STE 300	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SCHAFFNER, JEFF L	
STREET ADDRESS	1255 CLEVELAND ST, STE 300	
CITY-ST-ZIP	CLEARWATER FL 33755	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 title empowered.

SIGNATURE: *David B Slaughter*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03 **777 446-1100**
Date Daytime Phone #

CFR2E034 (10/02)

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2004
Secretary of State

DOCUMENT# P96000072665

Entity Name: AGENT MEDIA CORPORATION

Current Principal Place of Business:

1255 CLEVELAND ST
STE 200
CLEARWATER, FL 33755

New Principal Place of Business:

Current Mailing Address:

1255 CLEVELAND ST
STE 200
CLEARWATER, FL 33755

New Mailing Address:

FEI Number: 75-2343991 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SKALSKI, JOSEPH C ESQ.
14010 ROOSEVELT BLVD
SUITE 708
CLEARWATER, FL 33762

Name and Address of New Registered Agent:

SKALSKI, JOSEPH C ESQ.
13770 - 58TH STREET N.
SUITE 304
CLEARWATER, FL 33760

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: _____

04/24/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: SLAUGHTER, DAVID B
Address: 1255 CLEVELAND ST, STE 300
City-St-Zip: CLEARWATER, FL 33755

Title: SD () Delete
Name: SLAUGHTER, BENNETTA
Address: 1255 CLEVELAND ST, STE 300
City-St-Zip: CLEARWATER, FL 33755

Title: VD () Delete
Name: SCHAFFNER, JEFF L
Address: 1255 CLEVELAND ST, STE 300
City-St-Zip: CLEARWATER, FL 33755

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: SLAUGHTER, DAVID B
Address: 1255 CLEVELAND ST, STE 200
City-St-Zip: CLEARWATER, FL 33755

Title: SD (X) Change () Addition
Name: SLAUGHTER, BENNETTA
Address: 830 ISLAND WAY
City-St-Zip: CLEARWATER, FL 33767

Title: VD (X) Change () Addition
Name: SCHAFFNER, JEFF L
Address: 36 WINDWARD ISLAND
City-St-Zip: CLEARWATER, FL 33767

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DAVID B SLAUGHTER

PTD

04/24/2004

Electronic Signature of Signing Officer or Director

Date

P 9600007 2665

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000181505 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 205-0380

From: Account Name : NATIONAL CORPORATE RESEARCH, LTD.
Account Number : T20000000088
Phone : (800) 221-0102
Fax Number : (212) 564-6083

RECEIVED
04 SEP -8 PM 3:24
DIVISION OF CORPORATIONS

BASIC AMENDMENT
AGENT MEDIA CORPORATION

FILED
04 SEP -9 PM 5:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$43.75

Electronic Filing Menu

Corporate Filing

Public Access Help

Amended + Restated
mm
9/14/04



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

September 9, 2004

Please retain original filing date.

AGENT MEDIA CORPORATION
1255 CLEVELAND ST
STE 200
CLEARWATER, FL 33755

SUBJECT: AGENT MEDIA CORPORATION
REF: P96000072665

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

A certificate must accompany the Restated Articles of Incorporation setting forth either of the following statements: (1) The restatement was adopted by the board of directors and does not contain any amendment requiring shareholder approval. OR (2) If the restatement contains an amendment requiring shareholder approval, the date of adoption of the amendment and a statement setting forth the following: (a) the number of votes cast for the amendment by the shareholders was sufficient for approval (b) If more than one voting group was entitled to vote on the amendment, a statement designating each voting group entitled to vote separately on the amendment and a statement that the number of votes cast for the amendment by the shareholders in each voting group was sufficient for approval by that voting group.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6027.

Michelle Milligan
Document Specialist

FAX And. #: E04000181505
Letter Number: 204A00053997

RECEIVED
04 SEP 13 PM 3:13
DIVISION OF CORPORATIONS

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

**AMENDED AND RESTATED
ARTICLES OF INCORPORATION
OF
AGENT MEDIA CORPORATION**

04 SEP -8 PM 5: 38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLE I

The name of the corporation shall be:

AGENT MEDIA CORPORATION

ARTICLE II

The general nature of the business to be transacted by this Corporation is:

A. To conduct business in, have one or more offices in, and buy, hold, mortgage, sell, convey, lease or otherwise dispose of real and personal property, including franchises, patents, copyrights, trademarks and licenses in the State of Florida and in all other states and countries.

B. To contract debts and borrow money, issue and sell or pledge bonds, debentures, notes and other evidences of indebtedness and execute such mortgages, transfer of Corporation property, or other instruments to secure the payment of corporate indebtedness as required.

C. To purchase the corporate assets of any other corporation and engage in the same or other character of business.

D. To guarantee, endorse, purchase, hold, sell, transfer, mortgage, pledge or otherwise acquire or dispose of the shares of the capital stock of, or any bonds, securities, or other evidences of indebtedness created by any other government, and, while owner of such stock, to exercise all the rights, powers and privileges of such ownership, including the right to vote such stock.

E. To conduct any and all lawful business for which corporations may be incorporated within the State of Florida.

F. In general, to have and exercise all powers conferred by the laws of the State of Florida upon corporations, and to do any and all things hereinabove set forth to the same extent as a natural person might or could do.

ARTICLE III

A. The maximum number of shares of stock that this Corporation is authorized to have outstanding at any one time is 75,000,000 shares of Common Stock having a nominal or par value of \$0.001 per share.

B. The holders of stock of the Corporation shall be entitled to one (1) vote for each share of stock held at all meetings of Stockholders with cumulative voting not permitted.

C. The stock of the Corporation shall be paid for in lawful money of the United States of America, or in property, securities, services or such other method of payment as the Board of Directors may reasonably approve at a just valuation to be fixed by the Board of Directors; the Corporation may from time to time increase its capital stock to any amount not prohibited by law.

ARTICLE IV

This Corporation began existence as of the original date of filing of its Articles of Incorporation, and shall exist perpetually.

ARTICLE V

The Registered Office of this Corporation in the State of Florida is c/o NATIONAL CORPORATE RESEARCH, LTD., INC., 103 N. Meridian Street, Tallahassee, Florida 32301. The principal office of this Corporation in the State of Florida is 1255 Cleveland Street, Suite 200, Clearwater, FL 33755-4910. The Board of Directors may, from time to time, move the principal office to any other address in the State of Florida.

ARTICLE VI

The Registered Agent and its address in the State of Florida is:

NATIONAL CORPORATE RESEARCH, LTD., INC.
103 N. Meridian St.
Tallahassee, Florida 32301

ARTICLE VII

This Corporation shall not have fewer than three (3) nor more than seven (7) Directors, who shall not be required to be Stockholders. The number of Directors may be increased or diminished from time to time, by By-Laws adopted by the Stockholders, but shall never be less than three (3).

NY337715.2
20464910002
09/02/2004 kmc

ARTICLE VIII

The name and post office address of the person signing these Amended and Restated Articles of Incorporation is:

Michael Pfeffer
c/o Agent Media Corporation
1255 Cleveland Street, Suite 200
Clearwater, FL 33755-4910

ARTICLE IX

These Amended and Restated Articles of Incorporation may be amended in the manner provided by law. Every amendment shall be approved by the Board of Directors, proposed by them to the Stockholders, and approved at a Stockholders meeting by two-thirds (2/3) of the stock entitled to vote thereon, unless all Directors and all Stockholders sign a written statement manifesting their intention that a certain amendment to these Amended and Restated Articles of Incorporation be made.

ARTICLE X

These Amended and Restated Articles of Incorporation were adopted by the Board of Directors of the Corporation by unanimous written consent on August 31, 2004 and by the Shareholders of the Corporation by unanimous written consent on August 31, 2004.

IN WITNESS WHEREOF, the undersigned Co-Chairman of this Corporation has executed these Amended and Restated Articles of Incorporation as of August 31, 2004.


Michael Pfeffer, Co-Chairman

STATE OF NEW YORK)
COUNTY OF NEW YORK)

The foregoing Amended and Restated Articles of Incorporation were acknowledged before me this 2nd day of September, 2004 by Michael Pfeffer, who is personally known to me or who has produced his license as identification.


NOTARY PUBLIC
My Commission Expires:

KEVIN MICHAEL EISENBERG
NOTARY PUBLIC, State of New York
No. 02E10028894
Qualified in Kings County
Commission Expires July 19, 2005

ACCEPTANCE OF REGISTERED AGENT

Having been named to accept service of process for the above-named corporation at the place designated in the Amended and Restated Articles of Incorporation, the undersigned agrees to act in this capacity, and agrees to comply with the provisions of Section 48.091 relative to keeping open such office.

Date: 9/8/04


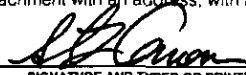
NATIONAL CORPORATE RESEARCH,
LTD. INC.

By: *Ann Marie Cummins*
Name: *ANN MARIE CUMMINS*
Title: *ASSISTANT SECRETARY*

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90049 010 ***150.00

DOCUMENT # P96000072665					
1. Entity Name AGENT MEDIA CORPORATION					
Principal Place of Business 1255 CLEVELAND ST STE 200 CLEARWATER, FL 33755-4910		Mailing Address 1255 CLEVELAND ST STE 200 CLEARWATER, FL 33755-4910			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 75-2343991	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NATIONAL CORPORATE RESEARCH, LTD., INC. 103 N. MERIDIAN ST. TALLAHASSEE, FL 32301			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	PTD	<input checked="" type="checkbox"/> Delete	TITLE	P, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SLAUGHTER, DAVID B		NAME	SMITH, ROSCOE	
STREET ADDRESS	1255 CLEVELAND ST, STE 200		STREET ADDRESS	1255 Cleveland St., Ste. 200	
CITY-ST-ZIP	CLEARWATER, FL 33755		CITY-ST-ZIP	Clearwater, FL 33755	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	VS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SLAUGHTER, BENNETTA		NAME	CANAN, STEVEN L.	
STREET ADDRESS	830 ISLAND WAY		STREET ADDRESS	4601 OAK RIVER C.R.	
CITY-ST-ZIP	CLEARWATER, FL 33767		CITY-ST-ZIP	VALRICO, FL 33594	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHAFFNER, JEFF L		NAME	PFEFFER, MICHAEL	
STREET ADDRESS	36 WINDWARD ISLAND		STREET ADDRESS	410 Park Avenue, Ste. 820	
CITY-ST-ZIP	CLEARWATER, FL 33767		CITY-ST-ZIP	New York, NY 10022	
TITLE		<input type="checkbox"/> Delete	TITLE	M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	DAVIDSON, MITCHELL A.	
STREET ADDRESS			STREET ADDRESS	30 ROCKEFELLER PLAZA SUITE 4225	
CITY-ST-ZIP			CITY-ST-ZIP	NEW YORK, NY 10112	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		STEVEN L. CANAN		3/24/05 800-933-9449	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone # 233</small>	



2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Apr 20, 2005
Secretary of State**

DOCUMENT# P96000072665

Entity Name: AGENT MEDIA CORPORATION

Current Principal Place of Business:

1255 CLEVELAND ST
STE 200
CLEARWATER, FL 337554910

New Principal Place of Business:

Current Mailing Address:

1255 CLEVELAND ST
STE 200
CLEARWATER, FL 337554910

New Mailing Address:

FEI Number: 75-2343991 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NATIONAL CORPORATE RESEARCH, LTD., INC.
103 N. MERIDIAN ST.
TALLAHASSEE, FL 32301 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

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: SMITH, ROSCOE
Address: 1255 CLEVELAND ST, STE 200
City-St-Zip: CLEARWATER, FL 33755

Title: VS () Delete
Name: CANAAB, STEVEN L
Address: 4601 OAK RIVER CIR
City-St-Zip: VALRICO, FL 33594

Title: M () Delete
Name: PFEFFER, MICHAEL
Address: 410 PARK AVENUE STE 820
City-St-Zip: NEW YORK, NY 10022

Title: M () Delete
Name: DAVIDSON, MITCHELL A
Address: 30 ROCKEFELLER PLAZA SUITE 4225
City-St-Zip: NEW YORK, NY 10112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VS (X) Change () Addition
Name: CANAN, STEVEN L
Address: 4601 OAK RIVER CIR
City-St-Zip: VALRICO, FL 33594

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 for the exemption stated in Section 119.07(3)(i), 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: STEVEN L. CANAN

VS

04/20/2005

Electronic Signature of Signing Officer or Director

_____ Date

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006
Secretary of State

DOCUMENT# P96000072665

Entity Name: AGENT MEDIA CORPORATION

Current Principal Place of Business:

1255 CLEVELAND ST
STE 200
CLEARWATER, FL 337554910

New Principal Place of Business:

Current Mailing Address:

1255 CLEVELAND ST
STE 200
CLEARWATER, FL 337554910

New Mailing Address:

FEI Number: 75-2343991 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NATIONAL CORPORATE RESEARCH, LTD., INC.
515 E. PARK AVE.
TALLAHASSEE, FL 32301 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: SMITH, ROSCOE
Address: 1255 CLEVELAND ST, STE 200
City-St-Zip: CLEARWATER, FL 33755

Title: VS () Delete
Name: CANAN, STEVEN L
Address: 4601 OAK RIVER CIR
City-St-Zip: VALRICO, FL 33594

Title: M () Delete
Name: PFEFFER, MICHAEL
Address: 410 PARK AVENUE STE 820
City-St-Zip: NEW YORK, NY 10022

Title: M () Delete
Name: DAVIDSON, MITCHELL A
Address: 30 ROCKEFELLER PLAZA SUITE 4225
City-St-Zip: NEW YORK, NY 10112

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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: STEVEN L. CANAN

VS

04/12/2006

Electronic Signature of Signing Officer or Director

_____ Date

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007
Secretary of State

DOCUMENT# P96000072665

Entity Name: AGENT MEDIA CORPORATION

Current Principal Place of Business:

1255 CLEVELAND ST
STE 200
CLEARWATER, FL 337554910

New Principal Place of Business:

Current Mailing Address:

1255 CLEVELAND ST
STE 200
CLEARWATER, FL 337554910

New Mailing Address:

FEI Number: 75-2343991 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NATIONAL CORPORATE RESEARCH, LTD., INC.
515 E. PARK AVE.
TALLAHASSEE, FL 32301 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: SMITH, ROSCOE
Address: 1255 CLEVELAND ST, STE 200
City-St-Zip: CLEARWATER, FL 33755

Title: VS () Delete
Name: CANAN, STEVEN L
Address: 4601 OAK RIVER CIR
City-St-Zip: VALRICO, FL 33594

Title: M () Delete
Name: PFEFFER, MICHAEL
Address: 410 PARK AVENUE STE 820
City-St-Zip: NEW YORK, NY 10022

Title: M () Delete
Name: DAVIDSON, MITCHELL A
Address: 30 ROCKEFELLER PLAZA SUITE 4225
City-St-Zip: NEW YORK, NY 10112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: M (X) Change () Addition
Name: PFEFFER, MICHAEL
Address: 805 THIRD AVENUE, 8TH FL
City-St-Zip: NEW YORK, NY 10022

Title: M (X) Change () Addition
Name: DAVIDSON, MITCHELL A
Address: 805 THIRD AVENUE, 8TH FL
City-St-Zip: NEW YORK, NY 10022

I hereby certify that the information supplied with this filing does not qualify for the 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: STEVEN L CANAN

COO

02/20/2007

Electronic Signature of Signing Officer or Director

_____ Date