SEC Form 3

FORM 3

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL

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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person [*] BEARCHELL CHARLES R	2. Date of Event Requiring Statement (Month/Day/Year) 06/01/2011	3. Issuer Name and Ticker or Tr Stratus Media Group,		
(Last) (First) (Middle) 3 EAST DE LA GUERRA STREET 2ND FLOOR		4. Relationship of Reporting Per (Check all applicable) Director	10% Owner	5. If Amendment, Date of Original Filed (Month/Day/Year)
(Street) SANTA BARBARA CA 93101		X Officer (give title below) Chief Accountin	Other (specify below) g Officer	6. Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person
(City) (State) (Zip)				
Table I - Non-Derivative Securities Beneficially Owned				
1. Title of Security (Instr. 4)		2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
			Form: Direct (D) or Indirect (I) (Instr. 5)	
		Beneficially Owned (Instr. 4) tive Securities Beneficially rrants, options, convertibl	Form: Direct (D) or Indirect (I) (Instr. 5) r Owned e securities rities rity (Instr. 4)	(Instr. 5) 5. 6. Nature of Indirect Beneficial Ownership Form: (Instr. 5)

Explanation of Responses:

No securities are beneficially owned.

/s/ Charles R. Bearchell

** Signature of Reporting Person

09/19/2011 Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

 \ast If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.