


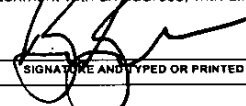
2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2008 8:00 am
Secretary of State

03-18-2008 90006 041 ****70.00

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DOCUMENT # F03000001050					
1. Entity Name KABOOM!, INC.					
Principal Place of Business 4455 CONNECTICUT AVE NW SUITE B100 WASHINGTON, DC 20008		Mailing Address 4455 CONNECTICUT AVE NW SUITE B100 WASHINGTON, DC 20008			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03122008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 52-1970904	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			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 _____ DATE _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROSENZWEIG, NANCY	NAME	ANDREW HARRS		
STREET ADDRESS	4455 CONNECTICUT AVE NW	STREET ADDRESS			
CITY-ST-ZIP	WASHINGTON, DC 20008	CITY-ST-ZIP			
TITLE	CEO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HAMMOND, DARELL	NAME			
STREET ADDRESS	4455 CONNECTICUT AVE NW, SUITE B100	STREET ADDRESS			
CITY-ST-ZIP	WASHINGTON, DC 20008	CITY-ST-ZIP			
TITLE	COO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BOWMAN, BRUCE	NAME			
STREET ADDRESS	4455 CONNECTICUT AVE NW	STREET ADDRESS			
CITY-ST-ZIP	WASHINGTON, DC 20008	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SANDS, MICHAEL	NAME			
STREET ADDRESS	4455 CONNECTICUT AVE NW	STREET ADDRESS			
CITY-ST-ZIP	WASHINGTON, DC 20008	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HEIDELBERGER, BRIAN	NAME	Peter D'Ameno		
STREET ADDRESS	4455 CONNECTICUT AVE NW	STREET ADDRESS			
CITY-ST-ZIP	WASHINGTON, DC 20008	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SHAW, BRAD	NAME			
STREET ADDRESS	4455 CONNECTICUT AVE NW	STREET ADDRESS			
CITY-ST-ZIP	WASHINGTON, DC 20008	CITY-ST-ZIP			
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 617, 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: 		BRUCE BOWMAN		3/12/08 202-659-0215	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	