2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000003860

Entity Name: FONOVISA, INC.

FILED Apr 26, 2006 Secretary of State

Current Principal Place of Business:			New Prince	New Principal Place of Business:	
5820 CANOGA AVE SUITE 300 WOODLAND HILLS, CA 91367					
Current Mailing Address:			New Maili	New Mailing Address:	
500 FRANK W BURR BLVD 6TH FLOOR TEANECK, NJ 076666802					
FEI Number: 95-4049485 FEI Number Applied For () FEI Numb			FEI Number Not App	plicable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and	d Address of New Registered Agent:	
C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324 US					
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			t	Date	
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PCEO ()[BEHAR, JOSE 5820 CANOGA A WOODLAND HIL	,	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CAHILL, ROBER	E STARS,STE. 3050	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	HINSON, JEFFRI	BUFF BLVD. 6TH FLOOR	Title: Name: Address: City-St-Zip:	CFO (X) Change () Addition HOBSON, ANDREW W 1999 AVENUE OF THE STARS, SUITE 3050 LOS ANGELES, CA 90067	
Title: Name: Address: City-St-Zip:	EVP () [PALACIO, DAVE 5820 CANOGA A WOODLAND HIL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	KRANWINKLE, C	E STARS,STE.3050	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	1()	Delete	Title: Name: Address: City-St-Zip:	VTAX () Change (X) Addition MCCANN, SHAWN 500 FRANK W BURR BLVD. 6TH FLOOR TEANECK, NJ 07666	
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					

SIGNATURE: SHAWN MCCANN VTAX 04/26/2006

above, or on an attachment with an address, with all other like empowered.