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Jul 26, 2006 8:00 am

Daytime Phone #

2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED-OF

Secrétary of State 07-26-2006 90003 001 ***150.00 **DOCUMENT # P00000085389** 1. Entity Name TBL MEDIA, INC. Bester Principal Place of Business Mailing Address 50023298 304 S BELCHER RD 304 SOUTH BELCHER ROAD CLEARWATER, FL 33765 CLEARWATER, FL 33765 3. Mailing Address 2. Principal Place of Business 1814 Sherwood 1814 Sherwood Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 07192006 Chg-P Applied For City & State City & State 4. FEI Number 59-3676312 Not Applicable Zip 33764 Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SMITH, DARRELL C Street Address (P.O. Box Number is Not Acceptable) 101 E KENNEDY BLVD **SUITE 2800** TAMPA, FL 33602 City Zip Code FL 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 6, 2006 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. D Change . ☐ Addition TITLE ☐ Delete TITLE D Davis, Richard J DAVIS, RICHARD J NAME NAME 1814 Sharwood direle STREET ADDRESS 304 S. BELCHER ROAD STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33765 CITY-ST-ZIP Cleanwater FL 33764 Addition TITLE Delete TITLE Change Namyen, Thuong NAME NGUYEN, THUONG NAME 14643 Mirabelle Vista Cucle STREET ADDRESS 304 S. BELCHER ROAD STREET ADDRESS CLEARWATER, FL 33765 CITY-ST-ZIP CITY-ST-ZIP Tampa FL 33624 TITLE ☐ Delete TITLE Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-7IP 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 truetee impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or changed, or on an attachment with like empowered.

FRINTED NAME OF SIGNING OFFICER OR DIRECTOR