2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2006 8:00 am
Secretary of State
04-26-2006 90191 047 ***150.00

DOCUMENT # P02000062561

1. Entity Name

LUE SKY MEDIA, INC.

Principal Place of Business	Mailing Address
990 FIRST AVENUE SOUTH UNIT 202 NAPLES FL 34102	990 FIRST AVENUE SOUTH UNIT 202 NAPLES FL 34102

1st MOORE CR2E034 (10/05)

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 04-3678376 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145	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 accep the obligations of registered agent.

SIGNATURE _____ DATE

Signature of new registered agent (if changed) and title if applicable (NOTE: Registered Agent signature required when changed)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May E Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CRISTANTELLO, AMANDA 990 FIRST AVENUE SOUTH NAPLES FL 34102	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addi
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD CRISTANTELLO, EDWARD A 990 FIRST AVENUE SOUTH NAPLES FL 34102	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addi
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PD
Eshkenazi, Adiel
990 1st Ave South Naples FL 34102

STD
Eshkenazi, Azariah
990 1st Ave South Naples FL 34102

VD
Eshkenazi, Joan
990 1st Ave South Naples FL 34102

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the informa 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 dir 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 Bloc if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Edward Cristantello 4-18-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #