2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: \_

## Feb 03, 2006 08:00 AM DOCUMENT # P04000156766 **Secretary of State** 1. Entity Name KINGSTONE MEDIA GROUP, INC. Principal Place of Business Mailing Address 4420 BAY FOREST LANE FRUITLAND PARK FL 34731 4420 BAY FOREST LANE FRUITLAND PARK FL 34731 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/05) 1st MOORE City & State City & State 4. FEI Number Applied For 30-0285394 Not Applicat Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AYRIS, ART A Street Address (P.O. Box Number is Not Acceptable) 4420 BAY FOREST LANE FRUITLAND PARK FL 34731 City Zio 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 Signature, lysed or printed name of registered agent and title if applicable (NOTE Registred Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May 5 After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. KILE **PCEO** ☐ Detete RITLE ☐ Change 1/000000419725 02/15/06 20018-017 150.00 NAME AYRIS, ART A NAME STREET ADDRESS 4420 BAY FOREST LANE STREET ADDRESS CITY-ST-ZIP FRUITLAND PARK FL 34731 City-ST-ZIP 7771.8 Defete ☐ Change Addition HILE MARKE AYRIS, ART A MARKE STREET ADDRESS 4420 BAY FOREST LANE STREET ADDRESS DITY-ST-2/P C(TY-SI-7/2 FRUITLAND PARK FL 34731 TITLE Delete THE Change Addition NAME NAME STREET AUDRESS STREET ADDRESS CITY-ST-ZIP City-St-zip TOTE ☐ Detete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIFLE Cetete 33877 □ Change Addition 🔲 MALAE STREET ADDRESS STREET ADDRESS CITY-ST-70 CHY-S1-29 TITLE ☐ Delete Change 1471,E ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CUTY-ST-7tP 12. Thereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 119, Florida Statutes 1 (urther 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 607, 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

FILED

2/1/06 (352) 72.8-1414