## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L63740

Entity Name: ON-BOARD MEDIA. INC

FILED Mar 14, 2006 Secretary of State

Littly Name: ON-BOARD MEDIA, INC.						
Current Pr	incipal Place	of Business:	New Princ	New Principal Place of Business:		
960 ALTON MIAMI BCH		US	960 ALTON MIAMI BEA	NRD .CH, FL 33139	US	
Current Mailing Address:			New Mailii	New Mailing Address:		
960 ALTON MIAMI BCH		US	960 ALTON MIAMI BEA	NRD .CH, FL 33139	US	
FEI Number:	65-0197349	FEI Number Applied For ( )	El Number Not Appli	icable ( ) Ce	ertificate of Status Desired (X)	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
ROBERT EICHNER 960 ALTON RD 2ND FL MIAMI BEACH, FL 33139 US			ROBERT E 960 ALTON MIAMI BEA		US	
The above in the State		ubmits this statement for the purpo	ose of changing it	ts registered office	e or registered agent, or bo	th,
SIGNATUR	E:			03/14/2006		
	Electroni	c Signature of Registered Agent			Date	_
Election Cam	paign Financing	Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PO () NORRIS, ROBIN 960 ALTON RD MIAMI BEACH, F		Title: Name: Address: City-St-Zip:	( ) Cha	ange ( ) Addition	
Title: Name: Address: City-St-Zip:	BRENNAN, EDW 4005-8 ONE EX	Delete /ARD J CHANGE SQUARE G KONG, NA CHINA	Title: Name: Address: City-St-Zip:	( ) Cha	ange ( ) Addition	
Title: Name: Address: City-St-Zip:	OVT () LUCIANO, WILL 8400 NW 14 ST MIAMI, FL 3312	REET	Title: Name: Address: City-St-Zip:	OVT (X) Cha LUCIANO, WILLIAN 8400 NW 36 STREI MIAMI, FL 33166		
Title: Name: Address: City-St-Zip:	OVG () EICHNER, ROBI 960 ALTON ROA MIAMI BEACH, F	AD	Title: Name: Address: City-St-Zip:	( ) Cha	ange ( ) Addition	
Title: Name: Address: City-St-Zip:	ZACHARIA, MÍC 4005-8 ONE EX	Delete HAEL E CHANGE SQUARE & KONG, NA CHINA	Title: Name: Address: City-St-Zip:	( ) Cha	ange ( ) Addition	
Title: Name: Address: City-St-Zip:	SUZUKI, DAVID 525 MARKET ST	Delete A TREET 32ND FLOOR O, CA 941052708	Title: Name: Address: City-St-Zip:	( ) Cha	ange ( ) Addition	

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

SIGNATURE: ROBERT EICHNER COO 03/14/2006