2005 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

SIGNATURE:

Apr 30, 2005 08:00 AM Secretary of State **DOCUMENT # 541365** 1. Entity Name MULTIPHRENIC MEDIA, INC. Mailing Address Principal Place of Business 4902 SW 72 AVENUE 4902 SW 72 AVENUE MIAMI, FL 33155 MIAMI, FL 33155 CR2E034 (10/03) 03182005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number 59-1753232 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE LARSSON, H.V. STEPHEN 4902 SW 72 AVENUE MIAMI, FL 33155 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing U00000345027 \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees 04/30/05-80019-019 150.00 After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE LARSSON, H.V. STEPHEN NAME 4902 SW 72 AVENUE STREET ADDRESS CITY-ST-ZIP MIAMI, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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 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.

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

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