


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 687467**  
 1. Entity Name  
**MANDALA MEDIA UNLIMITED**



Principal Place of Business      Mailing Address  
**127 W. INTERNATIONAL SPEEDWAY BLVD.**      **127 W. INTERNATIONAL SPEEDWAY BLVD.**  
**DAYTONA BCH., FL 32114**      **DAYTONA BCH., FL 32114**



01272006    No Chg-P    CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2050984</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  
**NEWMAN, VICTOR**  
**50 CENTRAL AVE**  
**ORMOND BEACH, FL 32174**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, header or web name of registered agent and title (last name, first name, middle initial)      (NICL) Registered Agent signature (signature or initials)      DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	D NEWMAN, VICTOR 50 CENTRAL AVE ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY ST ZIP	D ADLER, PIA T 1405 CHESAPEAKE STREET CHARLOTTESVILLE, VA 22902
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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 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.

SIGNATURE: *[Signature]* **President**      **(386) 255-6728**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      DATE      Date in Print if