

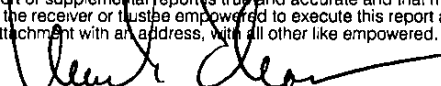


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2007 08:00 AM
Secretary of State

DOCUMENT # 849692			
1. Entity Name RENTRAK CORPORATION			
Principal Place of Business ONE AIRPORT CENTER 7700 N.E. AMBASSADOR PLACE PORTLAND, OR 97220 US		Mailing Address ONE AIRPORT CENTER 7700 N.E. AMBASSADOR PLACE PORTLAND, OR 97220 US	
DO NOT WRITE IN THIS SPACE			
		03222007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 93-0780536	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYES ST. STE. 105 TALLAHASSEE, FL 32301		DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U000000682000 04/04/07-80068-024 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCEO ROSENBAUM, PAUL 7700 NE AMBASSADOR PLACE PORTLAND, OR 97220		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCFO THOENES, MARK 7700 NE AMBASSADOR PLACE PORTLAND, OR 97220		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDRUS, CECIL 350 N NINTH STREET, SUITE 202 BOISE, ID 83702		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KUPER, GEORGE 3600 GREEN COURT, SUITE 710 ANN ARBOR, MI 48105		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STODDARD, STANFORD 29600 SOUTHFIELD ROAD SOUTHFIELD, MI 48076		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAW, RALPH 400 W 6TH AVENUE PORTLAND, OR 97204		
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 reports 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:  Mark Thoenes, CEO		3/23/07 (503) 284-7581	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	