2005 FOR PROFIT CORPORATION

Feb 09, 2005 8:00 am ANNUAL REPORT **Secretary of State DOCUMENT # F0000004881** 02-09-2005 90056 013 ***150.00 1. Entity Name BOULEVARD MEDIA INC. Principal Place of Business Mailing Address 1733 H STREET, STE 330-615 1733 H STREET, STE 330-615 50012875 BLAINE, WA 98230-5106 BLAINE, WA 98230-5106 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01272005 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For 84-1245599 Not Applicable Zip Country Zip 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 C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City Zip 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, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD \overline{q} ☐ Delete TITLE ☐ Addition Change Madigan, Robert 1733 H Street, Suite 330-615 NAME MADIGAN, ROBERT NAME STREET ADDRESS 1190 HORNBY STREET, 6TH FL STREET ADDRESS CITY-ST-ZIP VANCOUVER BC CANADA, CITY-ST-ZIP Blaine, WA 98230-5106 TITLE ☐ Delete TITLE Change Change ■ Addition Goddard, Garth M. 1733 H Street, Suite 330-615 GODDARD, GARTH M NAME NAME STREET ADDRESS 1190 HORNBY STREET, 6TH FL STREET ADDRESS CITY-ST-ZIP VANCOUVER BC CANADA, CITY-ST-ZIP Blaine, WA- 98230-5106 ___ TITLE TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 amy address, with all other tike empowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

oddard SIGNATURE AND TYPED OR PRINTED NAME

TAN. 28/05

FILED