2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001210

FILED Feb 22, 2007 Secretary of State

Entity Name: EDUCATIONAL MEDIA FOUNDATION INCORPORATED

Current Principal Place of Business: New Principal Place of Business:

5700 WEST OAKS BLVD ROCKLIN, CA 95765

Current Mailing Address: New Mailing Address:

5700 WEST OAKS BLVD ROCKLIN, CA 95765

FEI Number: 94-2816342 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MOLLY, SMITH CT CORPORATION SYSTEM 524 EAST COLLEGE 1200 S PINE ISLAND ROAD SUITE 4 PLANTATION, FL 33324 TALLAHASSEE, FL 32301 US

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.

SIGNATURE: PETER F. SOUZA 02/22/2007

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition KALLINA, EMIL COOKE, JEFF Name: Name: 5700 W OAKS BLVD Address: 5700 W OAKS BLVD Address: City-St-Zip: ROCKLIN, CA 95765 City-St-Zip: ROCKLIN, CA 95765 Title: DIR Title: () Delete () Change () Addition FERRY, DAVID Name: Name: Address: 5700 W OAKS BLVD Address: City-St-Zip: ROCKLIN, CA 95765 City-St-Zip: Title: () Delete Title: () Change () Addition JENKINS, RICHARD Name: Name: 5700 WEST OAKS BLVD. Address: Address: City-St-Zip: ROCKLIN, CA 95765 City-St-Zip: () Delete Title: Title: () Change () Addition Name: MASON, TOM Name: 5700 WEST OAKS BLVD Address: Address: City-St-Zip: ROCKLIN, CA 95765 City-St-Zip: Title: () Delete Title: (X) Change () Addition KALLINA, EMIL ANTONELLI, DAN Name: Name: 5700 W OAKS BLVD 5700 W OAKS BLVD Address: Address: City-St-Zip:

ROCKLIN, CA 95765 City-St-Zip: ROCKLIN, CA 95765

Title: () Delete Title: (X) Change () Addition

RINKLE, VICTOR WHIPPLE, KEITH Name: Name: Address: 5700 W OAKS BLVD Address: 5700 W OAKS BLVD ROCKLIN, CA 95765 ROCKLIN, CA 95765 City-St-Zip: City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEITH WHIPPLE S 02/22/2007