2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F04000005423

Entity Name: AFFILIATE MEDIA, INC.

FILED Jun 12, 2009 Secretary of State

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

32 DISCOVERY STE 270 IRVINE, CA 92618

Current Mailing Address: New Mailing Address:

32 DISCOVERY STE 270 IRVINE, CA 92618

FEI Number: 81-0567848 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:

FABIANO, LOUIS

14361 CHINESE ELM DRIVE
ORLANDO, FL 32828 US

JOLLY, WARREN
32 DISCOVERY, SUITE 270
IRVINE, FL 92618 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: WARREN JOLLY 06/12/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 JOLLY, WARREN
 Name:
 JOLLY, WARREN

 Address:
 32 DISCOVERY SUITE 270
 Address:
 32 DISCOVERY SUITE 270

City-St-Zip: IRVINE, CA 92618 City-St-Zip: IRVINE, CA 92618

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

Name: FABIANO, LOUIS Name: JOLLY, WARREN

 Address:
 14361 CHINESE ELM DRIVE
 Address:
 32 DISCOVERY SUITE 270

 City-St-Zip:
 ORLANDO, FL 32828
 City-St-Zip:
 IRVINE, CA 92618

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

 Name:
 Name:
 JOLLY, WARREN

 Address:
 Address:
 32 DISCOVERY SUITE 270

 City-St-Zip:
 City-St-Zip:
 IRVINE, CA 92618

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

 Name:
 Name:
 LAHOTI, RAJ

 Address:
 Address:
 32 DISCOVERY SUITE 270

City-St-Zip: City-St-Zip: IRVINE, CA 92618

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

 Name:
 Name:
 JOLLY, WARREN

 Address:
 Address:
 32 DISCOVERY SUITE 270

 City-St-Zip:
 City-St-Zip:
 IRVINE, CA 92618

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY ERNST VP 06/12/2009