
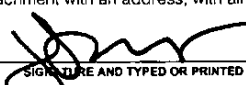


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 25, 2006 8:00 am
Secretary of State

07-25-2006 90023 040 ***150.00

DOCUMENT # F05000002269					
1. Entity Name RIGHT MEDIA INC.					
Principal Place of Business 276 5TH AVENUE, STE. 605 NEW YORK, NY 10001			Mailing Address 276 5TH AVENUE, STE. 605 NEW YORK, NY 10001		
2. Principal Place of Business 212 FIFTH AVE Suite, Apt. #, etc. 8th Floor		3. Mailing Address 212 FIFTH AVE Suite, Apt. #, etc. 8th Floor		4. FEI Number 20-2074029	
City & State New York, NY		City & State New York, NY		Applied For Not Applicable	
Zip 10010	Country USA	Zip 10010	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<div style="border: 1px solid black; border-radius: 50%; padding: 5px; display: inline-block;"> FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006 </div>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALRATH, MICHAEL 276 5TH AVENUE, STE. 605 NEW YORK, NY 10001 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO John Roberts 212 FIFTH AVE, 8th Floor NY, NY 10010 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STCO HUNSICKER, CHRISTINE 276 5TH AVENUE, STE. 605 NEW YORK, NY 10001 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same as J. Roberts <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CTO O'KELLY, BRYAN 276 5TH AVENUE, STE. 605 NEW YORK, NY 10001 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same as J. Roberts <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOODHART, NOAH 276 5TH AVENUE, STE. 605 NEW YORK, NY 10001 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same as J. Roberts <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: 		John Roberts		7/17/06 212-561-6470	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	