

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000002675

FILED
Feb 16, 2006
Secretary of State

Entity Name: CMP ENTERTAINMENT MEDIA, INC.

Current Principal Place of Business:

460 PARK AVENUE SOUTH 9TH FLOOR
NEW YORK, NY 10016

New Principal Place of Business:

Current Mailing Address:

460 PARK AVENUE SOUTH 9TH FLOOR
NEW YORK, NY 10016

New Mailing Address:

FEI Number: 13-3318817 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PC () Delete
Name: KEEFE, TONY
Address: 460 PARK AVENUE
City-St-Zip: NEW YORK, NY 10016

Title: VPVC () Delete
Name: DAY, JOHN
Address: 600 COMMUNITY DRIVE
City-St-Zip: MANHASSET, NY 11030

Title: S () Delete
Name: FOWLER, ANNMARIE
Address: 810 7TH AVENUE
City-St-Zip: NEW YORK, NY 10019

Title: T () Delete
Name: KRAINMAIN, DOUG
Address: 460 PARK AVENUE
City-St-Zip: NEW YORK, NY 10016

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: KEEFE, TONY
Address: 460 PARK AVENUE
City-St-Zip: NEW YORK, NY 10016 US

Title: DVP (X) Change () Addition
Name: DAY, JOHN
Address: 600 COMMUNITY DRIVE
City-St-Zip: MANHASSET, NY 11030 US

Title: S (X) Change () Addition
Name: FOWLER, ANNMARIE
Address: 810 7TH AVENUE
City-St-Zip: NEW YORK, NY 10019 US

Title: VP/C (X) Change () Addition
Name: KRAINMAN, DOUG
Address: 600 COMMUNITY DRIVE
City-St-Zip: MANHASSET, NY 11030 US

Title: VPAT () Change (X) Addition
Name: BRADY, DENISE
Address: 600 HARRISON STREET
City-St-Zip: SAN FRANCISCO, CA 94107 US

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

SIGNATURE: ANNMARIE FOWLER

S

02/16/2006

Electronic Signature of Signing Officer or Director

_____ Date