## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

SIGNATURE:

## Feb 13, 2006 8:00 am Secretary of State DOCUMENT # F97000006944 02-13-2006 90037 013 \*\*\*150.00 RADIO-HOLLAND USA, INC. Principal Place of Business Mailing Address 40010011 8943 GULF FREEWAY 8943 GULF FREEWAY HOUSTON, TX 77017-7004 HOUSTON, TX 77017-7004 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01112006 CR2E034 (11/05) Chg-P City & State City & State 4. FEI Number Applied For 76-0556409 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П 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 Zip Code FL 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 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, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CONT TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BIGLER, JEFFREY NAME 8943 GULF FREEWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOUSTON, TX 770177004 CITY-ST-ZIP TITLE Change ☐ Addition Delete TITLE SAP, CHRISTIAAN JACK HAYNIE NAME NAME STREET ADDRESS 8943 GULF FREEWAY STREET ADDRESS 8943 GUIF FREEWAY CITY-ST-7IP HOUSTON, TX 77017 CITY STATIP ouston Ty TITLE ☐ Delete TITI F ☐ Change Addition SLAGER, DAVID NAME NAME STREET ADDRESS 2 EEKHOUTSTRAAT STREET ADDRESS CITY-ST-ZIP ROTTERDAM THE NETHERLANDS, NE 3087 ab CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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.

JEFF BIGLER

FILED