2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 27, 2006 8:00 am
Secretary of State
05-02-2006 90192 050 ***150.00

DOCUMENT # F99000000825

1. Entity Name
GLOBECAST NORTH AMERICA INCORPORATED

Principal Place of Business	Mailing Address
7291 N.W. 74TH STREET MIAMI, FL 33166	7291 N.W. 74TH STREET MIAMI, FL 33166

06202006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 87-0507189 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEOP SPRECHMAN, DAVID 7291 N.W. 74TH STREET MIAMI, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PINON, CHRISTIAN 5 ALLEE GUSTAVE EFFEL ISSY LES MOULINEAX CORDEX, 92136	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BALIET, ALAIN 5 ALLEE GUSTAVE EFFEL ISSY LES MOULINEAX CORDEX, CA 92136	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BAGET, ALAIN	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARTHE, LEUSR 5 ALLEE GUSTAVE EFFEL ISSY LES MOULINEAX CORDEX, CA 92136	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	LEOST, MARTHE	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DANDELOT, MARC 1270 AVENUE OF THE AMERICAS SUITE 2800 NEW YORK, NY	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HUET, MICHEL 225 LIBERTY ST SUITE 4301 NY NY 10281	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: _____ ANDREW A. OSTROW VP, BUSINESS & LEGAL AFFAIRS 6/20/06 305-863-1183
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #