2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 27, 2007 08:00 AM Secretary of State **DOCUMENT # G42183** 1. Entity Name M.T.V. GROUP ENTERPRISE, INC. Principal Place of Business Mailing Address 459 NE 17TH WAY 459 NE 17TH WAY FT. LAUDERDALE, FL 33301 US FT. LAUDERDALE, FL 33301 CR2E034 (11/05) No Chg-P 04162007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 59-2300126 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent IGOE, REGINA DO NOT WRITE 439 NE 17TH WAY FORT LAUDERDALE, FL 33301 IN THIS SPACE 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) 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE IGOE, REGINA CHMPLIN NAME STREET ADDRESS 459 N.E. 17 WAY FORT LAUDERDALE, FL 33301 CITY-ST-ZIP U00000739599 05/14/07-80033-022 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS **DO NOT WRITE** CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

SIGNATURE

OR DIRECTOR

Daytime Phone #

FILED