2007 FOR PROFIT CORPORATION ANNUAL REPORT

May 10, 2007 08:00 AM Secretary of State DOCUMENT # P01000076162 1. Entity Name BILLBOARD INTERNATIONAL, INC. Principal Place of Business Mailing Address 6025 NW 87 AVE 6025 NW 87 AVE MIAMI, FL 33178 MIAMI, FL 33178 2. Principal Place of Business - No PO. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04102007 CR2E034 (12/06) Chg-P 4. FEI Number Applied For City & State City & State 65-1127062 Not Applicable \$8.75 Additional Ζıp Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BAYER, MARCOS A Street Address (P.O. Box Number is Not Acceptable) 11421 NW 51 LANE MIAMI, FL 33178 City 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 dispolicable. (NOTE: Registered Agent signature required when re-instating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. П Added to Fees After May 1, 2007 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. P\/TD Change Addition TITLE Delete BAYER, MARCOS A NAME NAME STREET ADDRESS 6025 N.W. 87TH AVE. STREET ADDRESS U00000763352 CITY-ST-7IP MIAMI, FL 33178 05/30/07-80004-020 150 bg CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE SANTORO, WAGNER NAME 6025 N.W. 87TH AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33178 ☐ Addrtion Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CTTY-ST-ZIP ■ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE Addition | NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition 🔲 Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 be execute that report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attactment with an address, with all their like empowered. SIGNATURE:

OF SIGNING OFFICER OR DIRECTOR

FILED