2005 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 21, 2005 08:00 AM **DOCUMENT # P02000125225 Secretary of State** 1. Entity Name ORBIX MEDIA STUDIO, INC. Principal Place of Business Mailing Address P.O. BOX 2410 P.O. BOX 2410 CRYSTAL RIVER, FL 34423 CRYSTAL RIVER, FL 34423 CR2E034 (10/03) 01052005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 06-1668300 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CRIDER, JOHN ESQ. DO NOT WRITE 521 W. FORT ISLAND TRAIL, SUITE A CRYSTAL RIVER, FL 34429 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 (NOTE Registered Agant signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE DPST DOMBROWSKI, LAWRENCE NAME STREET ADDRESS PO BOX 640153 CITY-ST-ZIP BEVERLY HILLS, FL 34464 1000000236632 TITLE 02/21/05-80027-020 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Daytime Phone #