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

## Mar 08, 2006 8:00 am **Secretary of State DOCUMENT # P03000047578** 03-08-2006 90168 043 \*\*\*150.00 1. Entity Name DOLPHIN TELEVISION, INC. Principal Place of Business Mailing Address 2580 SW 27TH STREET 2580 SW 27TH STREET CAPE CORAL, FL 33914 CAPE CORAL, FL 33914 01132006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 83-0355246 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required - 6. - Name and Address of Current Registered Agent KERGER, KLAUS DO NOT WRITE 2580 SW 27 TH STREET CAPE CORAL, FL 33914 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 DATE 9. Election Campaign Financing File NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE KERGER, KLAUS NAME STREET ADDRESS **2580 SW 27TH STREET** CITY-ST-ZIP CAPE CORAL, FL 33914 NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY+ST-ZIP IN THIS SPACE TITI F NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

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.

CITY-ST-ZIP

NAME. STREET ADDRESS CITY-ST-ZIP

NAME OF SIGNING OFFICER OR DIRECTOR

FILED