2007 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 11, 2007 8:00 am Secretary of State DOCUMENT # P03000047578 01-11-2007 90069 001 ***150.00 1. Entity Name 01-11-2007 90069 002 *****8.75 DOLPHIN TELEVISION, INC. Principal Place of Business Mailing Address 66000046 540 S.E. 47 TERRACE 540 S.E. 47 TERRACE CAPE CORAL, FL 33904 CAPE CORAL, FL 33904 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01082007 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For 83-0355246 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KERGER, KLAUS 2580 SW 27 TH STREET Street Address (P.O. Box Number is Not Acceptable) CAPE CORAL, FL 33914 City 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 little if applicable (NOTE: Registered Agent signature reduired when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. MR Dolete TITLE TITLE Change ☐ Addition GR, WOITZIK PA P NAME NAME STREET ADDRESS 332 CONNERS AVE STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34108 CITY-ST-ZIP TITLE MR ☐ Delete TITLE PRESIDENT. K Change Addition KLAUS, KERGER P KLAUS KERGER NAME NAME 580 SW 27 Th ST. STREET ADDRESS **2580 SW 27 TH STREET** STREET ADDRESS CITY-ST-ZIP CAPE CORAL, FL 33914 CAPE CORAL FL 33914. CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

KLAUS KERGER

an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED