

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90205 016 ***150.00

DOCUMENT # P03000049214

1. Entity Name
BLACK CAT (MEDIA + FILM) INC



Principal Place of Business 6272 N.W. 186TH ST. SUITE 304 HIALEAH, FL 33015	Mailing Address 6272 N.W. 186TH ST. SUITE 304 HIALEAH, FL 33015
---	---

2. Principal Place of Business - No P.O. Box # 2175 NE 170 ST. # 303	3. Mailing Address 2175 NE 170 ST # 303
---	--

City & State North Miami Beach N. Miami Beach	City & State N. Miami Beach
Zip 33162	Country DADE
Zip 33162	Country DADE



4. FEI Number 02-0693165	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOYA, ENRIQUE
6272 N.W. 186TH ST.
SUITE 304
HIALEAH, FL 33015

7. Name and Address of New Registered Agent

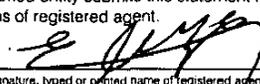
Name
Moya, Enrique

Street Address (P.O. Box Number is Not Acceptable)
2175 NE 170th St. #303

N. Miami Beach

City
FL Zip Code
33162

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:  DATE: **03-24-07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE P	<input type="checkbox"/> Delete
NAME MOYA, ENRIQUE	
STREET ADDRESS 6272 N.W. 186TH ST.	
CITY-ST-ZIP HIALEAH, FL 33015	
TITLE VP	<input type="checkbox"/> Delete
NAME SOHID, REISIN	
STREET ADDRESS 6272 NW 186ST #304	
CITY-ST-ZIP MIAMI, FL 33015	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Moya, Enrique	
STREET ADDRESS 2175 NE 170th St. #303	
CITY-ST-ZIP N. Miami Beach, FL 33162	
TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Sonia Reisin	
STREET ADDRESS 2175 NE 170th St. #303	
CITY-ST-ZIP N. Miami Beach, FL 33162	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: **03-24-07** DAYTIME PHONE #: **305-409-8116**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR