
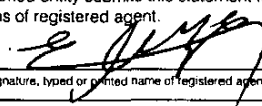
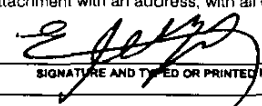


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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.		3. Mailing Address 2175 NE 170 ST			
Suite, Apt. #, etc. # 303		Suite, Apt. #, etc. # 303			
City & State North Miami Beach N. Miami Beach		City & State N. Miami Beach		4. FEI Number 02-0693165	
Zip 33162		Country DADE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33162		Country DADE		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			
City N. Miami Beach		State 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. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME MOYA, ENRIQUE		TITLE P	NAME Moya, Enrique	
STREET ADDRESS 6272 N.W. 186TH ST.	CITY-ST-ZIP HIALEAH, FL 33015		STREET ADDRESS 2175 NE 170th St. #303	CITY-ST-ZIP N. Miami Beach, FL 33162	
TITLE VP	NAME SOHID, REISIN		TITLE VP	NAME Sonia Reisin	
STREET ADDRESS 6272 NW 186ST #304	CITY-ST-ZIP MIAMI, FL 33015		STREET ADDRESS 2175 NE 170th St. #303	CITY-ST-ZIP N. Miami Beach, FL 33162	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		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					