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

DOCUMENT # P03000063599 1. Entity Name



DEFALCO & BERMAN MEDIA GROUP, INC.

Principal Place of Business

3299 NW BOCA RATON BLVD 2ND FLOOR BOCA RATON, FL 33431

Mailing Address

3299 NW BOCA RATON BLVD 2ND FLOOR BOCA RATON, FL 33431

**FILED** Feb 06, 2006 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01162006

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-0036337

Applied Far Not Applicable

5. Certificate of Status Desired

\$8.75 Addillonal Fee Required

6. Name and Address of Current Registered Agent

**GNATURE!** 

DEFALCO, FRED 3299 NW BOCA RATON BLVD 2ND FLOOR BOCA RATON, FL 33431

## DO NOT WRITE IN THIS SPACE

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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 replaced agent and trile if applicable. (NOTE: Registered Agent signature required when reinstead) DATE					
FILE NOW!!! FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Finar Trust Fund Contribution.			cing 🖂	\$5.00 May Be Added to Fees	1100000420714 02/16/06-80008-003-150.00
10.	OFFICERS AND DIREC	TORS	I		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEFALCO, FRED 3299 NW BOCA RATON BLVD 2ND F BOCA RATON, FL 33431	LOOR			
TITCE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CHY-ST-ZIP	DRESS DO			NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this liting 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 studies 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 all address with an order to execute the provided to the compound.					

RINTED NAME OF SIGNING OFFICER OR DIRECTOR