
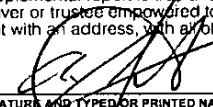


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P03000079273</b>					
<b>1. Entity Name</b> MEDIA PARTNERS GROUP, INC.					
<b>Principal Place of Business</b> 4813 LORETTA LANE ORLANDO, FL 32821			<b>Mailing Address</b> 4813 LORETTA LANE ORLANDO, FL 32821		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 55-0845733	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
MONTES DE OCA, DARCIS R 440 E HIGHLAND ST ALTAMONTE SPRINGS, FL 32701			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRESSER, GLORIA 4813 LORETTA LANE ORLANDO, FL 32821		TITLE NAME STREET ADDRESS CITY-ST-ZIP	200075029232 05/22/06--01047--003 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREENE, LISA 4813 LORETTA LANE ORLANDO, FL 32821		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
<b>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 another like empowered.</b>					
<b>SIGNATURE:</b>  <b>CARLOS SISO</b> <span style="float: right;">5/5/06</span>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

**FILED**

**06 MAY -5 PM 3:38**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



05052006 Chg-P CR2E034 (11/05)