## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000091368

Entity Name: GENESYS MEDIA, INC.

FILED Apr 30, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1043 NW 99 STREET MIAMI, FL 33150 **Current Mailing Address: New Mailing Address:** 1043 NW 99 STREET MIAMI, FL 33150 FEI Number: 05-0583661 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PAMPHILE, CASSANDRA 1043 NW 99 STREET MIAMI, FL 33150 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition CASTILLO, JORGE GIL, ANDERSON Name: Name: 13899 BISCAYNE BLVD. SUITE 224 1043 NW 99 STREET Address: Address: City-St-Zip: MIAMI, FL 33181 City-St-Zip: MIAMI, FL 33150 Title: Title: () Delete (X) Change ( ) Addition JOSEPH, MIKE JOSEPH, MIKE Name: Name: 13899 BISCAYNE BLVD. SUITE 224 1043 NW 99 STREET Address: Address: MIAMI, FL 33150 City-St-Zip: MIAMI, FL 33181 City-St-Zip: ( ) Delete Title: (X) Change ( ) Addition Title: REYES, ALEXANDER PAMPHILE, CASSANDRA Name: Name: 13899 BISCAYNE BLVD. SUITE 224 1043 NW 99 STREET Address: Address: City-St-Zip: MIAMI, FL 33181 City-St-Zip: MIAMI, FL 33150 Title: (X) Delete Title: () Change () Addition PAMPHILE, CASSANDRA Name: Name: Address: 1043 NW 99 STREET Address: City-St-Zip: MIAMI, FL 33150 City-St-Zip: Title: (X) Delete Title: () Change () Addition GIL, ANDERSON Name: Name: 13899 BISCAYNE BLVD. SUITE 224 Address: Address: City-St-Zip: MIAMI, FL 33181 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIKE JOSEPH C 04/30/2006