


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2006 8:00 am
Secretary of State


02-21-2006 90016 040 ***150.00

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| DOCUMENT # P03000118745 |  |
| 1. Entity Name 6AM MEDIA, INC. | |

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| Principal Place of Business 1730 S FEDERAL HWY # 146 DELRAY BEACH, FL 33483 US | Mailing Address 1730 S FEDERAL HWY # 146 DELRAY BEACH, FL 33483 US |
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| 2. Principal Place of Business 4803 GEORGIA AVE. | 3. Mailing Address 4803 GEORGIA AVE. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

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| City & State WEST PALM BEACH | City & State WEST PALM BEACH |
| Zip 33405 | Country USA |
| Zip 33405 | Country USA |


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| 01262006 Chg-P | CR2E034 (11/05) |
| 4. FEI Number 20-0336125 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent EWIN, JOSHUA 1730 S FEDERAL HWY #146 DELRAY BEACH, FL 33483 | |
| 7. Name and Address of New Registered Agent Name JOSHUA EWIN Street Address (P.O. Box Number is Not Acceptable) 4803 GEORGIA AVE. City WEST PALM BEACH FL Zip Code 33405 | |

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small> |

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CEO EWIN, JOSHUA 2435 ZEDER AVE. DELRAY BEACH, FL 33444 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4803 GEORGIA AVE. WEST PALM BCH, FL. 33405 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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:  JOSH EWIN <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | 2/17/06 (561) 702-2036 <small>Date Daytime Phone #</small> |