2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED May 04, 2005 8:00 am Secretary of State

DOCUMENT # P03000125715 1. Entity Name HK MEDIA, INC.									05-04-20	05 90184	4 015 ***150.	00
Principal Place of Business 347 N NEW MIDDLE DR SUITE 1702 FORT LAUDERDALE, FL 33301 US				Mailing Address 347 N NEW MIDDLE DR SUITE 1702 FORT LAUDERDALE, FL 33301 US				50048337				
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				05022005	Chg-P	CR	32E034 (10/03)	
City & State				City & State				4. FEI Numb 34-199				plied For It Applicable
Zip	Country			Zip Cou		ry		5. Certificate	of Status Desi	red 🗌	\$8.75 Add Fee Require	
	6. Name	and Address of Current	Registe				_	7. Name and	Address of N	lew Registe	red Agent	
LEGALZOOM NEVADA INC 44 W. FLAGLER ST. SUITE 675						Street Address (P.O. Box Number is Not Acceptable)						
MIAMI, FL 33130							o ∕√.	FEDERA	K Hwy	BLD	6 11-B	
		. 3				FO	RTL	4/DERDA	ue .		FL B	30/
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 registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
FILE NOWIII FEE IS \$550.00 Due by September 7, 2005 9. Election Campaign Fi Trust Fund Contribution 10. OFFICERS AND DIRECTORS						cing 🔲	\$5 . Add	.00 May Be led to Fees				
10.	PRES		11.		11.7				AND DIRECTOR			
NAME STREET ADDRESS	HUBBARI 1637 N.E	D, THOMAS STEPHEN	NAME STREET ADDRESS 34			347	BBARD THOMAS STEPHEN Change Addition IN NEW RIVER DRIVE BAST # 1702					
CITY-ST-ZIP		UDERDALE, FL 3330	1				run	HOUSE	DIFLE , "	T 92.		- Addition
NAME STREET ADDRESS	KOKORE 2 BARNA	VP Delete TITI KOKOREV, ANDREY 2 BARNARD HAWKES CT									☐ Change	☐ Addition
CITY-ST-ZIP	MARBLE	HEAD, MA 01945			_	ST-ZIP						
NAME STREET ADDRESS CITY-ST-ZIP				L_J Delete							☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete							☐ Change	Addition
indicated of the cor	l on this repo rporation or t	e information supplied wit int or supplemental report he receiver or trostee emp achinent with an address.	is true ar cowered	nd accurate and that r to execute this report	ny signati as requir	ure shall h	aug the	came legal effe	ct as it made u	nder oath: t	hat I am an officer	or director

RINTED NAME OF SIGNING OFFICER OR DIRECTOR