## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 27, 2006 08:00 AN Secretary of State

			T	Jan 27, 4000 00:00 A				
DOCUMENT # P04000038572				Secretary of State				
1. Entity Nan		AT ALL	a secretary or state					
BLUE G	ROUP MEDIA, INC.							
1								
Principal Plac	ce of Business h	failing Address	···	7				
		7801 SW 146TH STREET	-					
MIAMI, FL 3	33158	MIAMI, FL 33158		1				
			a sil.					
				01232006	No Chg-P	CR2E034	(11/05)	
Ε	O NOT WRITE I	N THIS SPA	CE			<del></del> _	Applied For	
			_	4. FEI Numb			Not Applica	
		•		5 Certificate	of Status Desired	\$8	3.75 Additional	
				J. Octoberation	- Cr Cutatos Desires	Fe	e Required	
<del> </del>	6. Name and Address of Current Regi	stered Agent	1					
PLOUCHA, L.M. ESQ			DO NOT WRITE					
C/O ATKINSON DINER STONE ET AL								
1946 TYLER STREET HOLLYWOOD, FL 33020-4517			IN THIS SPACE					
	,			-				
P. Thombau	a named entity submits this statement for the	at all the two seasons.	1 - 55		d. 2-d03140			
	tions of registered agent.	bribose or cusuding its redister	rea office of registe	ered agent, or bo	oth, in the State of Fig	orida, i am tam	illiar with, and acce	
CIONATURE								
SIGNATURE	Signalure, lypsid or printed name of registered agent and bit	e if applicable. (NOTE: Register	ed Agent engie InegA be	od when reinstaling)		DATE	<del></del>	
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Fin After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution			ncing \$55 . □ Adi	.00 May Be ded to Fees				
		<u> </u>		<u>,–</u>				
10.	OFFICERS AND DIRE	CTORS ]	<b>-</b>				,	
TITLE NAME	JILL STONE PRES						-	
STREET ADDRESS	' '							
CITY-ST-ZIP	PALMETTO BAY, FL 33158							
TITLE		•		•	Honoona	00104		
NAME expect appropria					U0000004 02/03/06-6	1003E-01	6 150 00	
STREET ADDRESS CITY-ST-ZIP					was vas off t	ANTO CT	. المائل وليال كا فيا	
TITLE		<del></del>	1	-				
NAME								
STREET ADDRESS				DO NOT WRITE				
City-ST-ZIP			_					
TITLE	1		I	IN	THIS SE	PACE		

12. I hereby certify that the information supplied with this filling 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:

STREET ADDRESS
CITY-ST-ZIP
THLE
NAME
STREET ADDRESS
CITY-ST-ZIP
JIHLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CITY-ST-ZIP
THE STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 STONE

124/06 305.6

305.648.33.

Date

Daytime Phone #