2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 27, 2006 08:00 AN Secretary of State DOCUMENT # P04000038944 AMAZON MEDIA, INC. Mailing Address Principal Place of Business 8000 NW 31ST ST 8000 NW 31ST ST #15 MIAMI, FL 33122 MIAMI, FL 33122 CR2E034 (11/05) 04172006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0802930 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TACHIBANA, M. C.P.A. DO NOT WRITE 1000 QUAYSIDE TERRACE #1608 IN THIS SPACE MIAMI, FL 33138 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, typed or printed name of registered agent and title it applicable. (NOTE. Registered Agent signature required when reinstating) DATE U000000541121 9. Election Campaign Financing \$5.00 May Be 05/10/06-80046-006 150.00 FILE NOW!!! FEE IS \$150,00 Added to Fees Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE CHAN, UT HOU MAME STREET ADDRESS 3065 PACIFIC AVENUE CITY-ST-ZIP SAN FRANCISCO, CA 94115 TITLE NAME STREET ADDRESS CiTY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

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.

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

NTED NAME OF SIGNING OFFICER OR DIRECTOR