
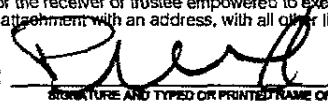


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 25, 2006 08:00 AM
Secretary of State**

DOCUMENT # P04000081464		
1. Entity Name FOXINTERACTIVE, INC		
Principal Place of Business 1025 SOUTH SEMORAN BLVD SUITE 1093 WINTER PARK, FL 32792 US		Mailing Address 1025 SOUTH SEMORAN BLVD SUITE 1093 WINTER PARK, FL 32792 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent HOPKINS, DENNIS W 3907 BISCAYNE DRIVE WINTER SPRINGS, FL 32708		DO NOT WRITE IN THIS SPACE
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. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
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
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES HOPKINS, PENNEY F 1025 SOUTH SEMORAN BLVD, SUITE 1093 WINTER PARK, FL 32792	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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.		
SIGNATURE:  Penney Fox Hopkins 4/24/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date Daytime Phone # 407-375-1010		



04222006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1226740 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

000000532773
05/06/06-80095-016 150.00

**DO NOT WRITE
IN THIS SPACE**