2006 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Apr 17, 2006 08:00 AN **DOCUMENT # P04000085977 Secretary of State** MEDIAINSIGHTS.COM, INC. Mailing Address Principal Place of Business 1648 TAYLOR RD #412 1648 TAYLOR RD #412 PT ORANGE, FL 32128 PT ORANGE, FL 32128 CR2E034 (11/05) 03272006 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 34-1997062 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent VILLARD, JAMES M DO NOT WRITE 1648 TAYLOR RD #412 PT ORANGE, FL 32128 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 (NOTE, Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE VILLARD, JAMES M NAME STREET ADDRESS 1648 TAYLOR RD #412 PT ORANGE, FL 32128 CITY-ST-ZIP U00000510848 04/29/06-80025-009 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP MLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CRY-ST-ZIP TITLE NAME STREET ADDRESS CRY-ST-ZIP TITLE

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:

NAME STREET ADDRESS CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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