2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2008
Secretary of State

DOCUMENT# P04000102855

Entity Name: E-MAGINE NETWORKS INCORPORATED

Current Principal Place of Business:

3101 N. FEDERAL HWY, SUITE 500
FORT LAUDERDALE, FL 33306 US

New Principal Place of Business:

3101 N. FEDERAL HWY
SUITE 500
FORT LAUDERDALE, FL 33306 US

Current Mailing Address:

3101 N. FEDERAL HWY, SUITE 500
FORT LAUDERDALE, FL 33306 US

New Mailing Address:

3101 N. FEDERAL HWY
SUITE 500
FORT LAUDERDALE, FL 33306 US

FEI Number: 56-2470579 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PERLMAN, MATTHEW A
3101 N. FEDERAL HWY, SUITE 500
FORT LAUDERDALE, FL 33306 US

Name and Address of New Registered Agent:

PERLMAN, MATTHEW A
3101 N. FEDERAL HWY
SUITE 500
FORT LAUDERDALE, FL 33306 US

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.

SIGNATURE: 01/03/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete
Name: PERLMAN, MATTHEW A
Address: 3101 N. FEDERAL HWY, SUITE 500
City-St-Zip: FORT LAUDERDALE, FL 33306 US

Title: PD ( ) Delete
Name: PERLMAN, MATTHEW A
Address: 3101 N. FEDERAL HWY, SUITE 500
City-St-Zip: FORT LAUDERDALE, FL 33306 US

Title: CIO (X) Delete
Name: DUPELL, JOSEPH R
Address: 3101 N. FEDERAL HWY, SUITE 500
City-St-Zip: FORT LAUDERDALE, FL 33306 US

Title: VD (X) Delete
Name: DUPELL, JOSEPH R
Address: 3101 N. FEDERAL HWY, SUITE 500
City-St-Zip: FORT LAUDERDALE, FL 33306 US

Title: CFO ( ) Delete
Name: PERLMAN, MATTHEW A
Address: 3101 N. FEDERAL HWY, SUITE 500
City-St-Zip: FORT LAUDERDALE, FL 33306 US

Title: STD ( ) Delete
Name: PERLMAN, MATTHEW A
Address: 3101 N. FEDERAL HWY, SUITE 500
City-St-Zip: FORT LAUDERDALE, FL 33306 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MATTHEW PERLMAN PD 01/03/2008
Electronic Signature of Signing Officer or Director — Date