2005 FOR PROFIT CORPORATION

May 23, 2005 8:00 am **ANNUAL REPORT** Secretary of State DOCUMENT # P04000110214 05-23-2005 90005 028 ***150.00 PELICAM MEDIA PRODUCTION INC Principal Place of Business Mailing Address ye fallenger in a 1771 FOUR MILES COVE PKWY 1771 FOUR MILES COVE PKWY CAPE CORAL, FL 33990 CAPE CORAL, FL 33990 2. Principal Place of Business 3. Mailing Address Place 3035 NW 3rd Place 3035 NW 378 Suite, Apt. #, etc. Suite, Apt. #, etc. 05202005 CR2E034 (10/03) City & State City & State Applied For FL CDDC CONDI 20-1415248 Not Applicable Cape \$8.75 Additional 5. Certificate of Status Desired 33993 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Salamania, Carlos SALAMANCA, CARLOS C Street Address (P.O. Box Number is Not Acceptable) 1771 FOUR MILES COVE PKWY Place CAPE CORAL,, FL 33990 3035 NW 3rd Zip Code 33 993 COYAI Cape 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 95·20 -OS SIGNATURE_X ed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 7, 2005 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition TITLE ☐ Delete TITLE 🔀 Change Salamanco Carlos C SALAMANCA, CARLOS C NAME NAME 3035 NW 3rd Place STREET ADDRESS 1771 FOUR MILES COVE PKWY, SUITE 1012 STREET ADDRESS cape caral FL 33993 CAPE CORAL,, FL 33990 CITY-ST-ZIP CITY-ST-ZIP VΡ Delete TITLE TITLE ₩ Channe coitibbA 🔲 Murillo, Luz M MURILLO, LUZ M NAME NAME STREET ADDRESS 3035 NW 3rd Place Cape caral FL 33993 STREET ADDRESS 1771 FOUR MILES COVE PKWY, SUITE 1012 CITY-ST-ZIP CAPE CORAL, FL 33990 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete < TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). 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: 水

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED