## **2007 FOR PROFIT CORPORATION**

SUITE 117

SIGNATURE:

**FILED** Apr 20, 2007 08:00 AM Secretary of State

> Applied For Not Applicable

\$8.75 Additional Fee Required

954 3454648

Daytime Phone #

<u>11 10 07</u>

Date

ANNU	Apr 20, 2007			
DOCUMENT # P040001  1. Entity Name HAAS MEDIA, INC	65006		Secretary o	
Principal Place of Business 1500 UNIVERSITY DR SUITE 117 CORAL SPRINGS, FL 33071	Mailing Address 1500 UNIVERSITY DR SUITE 117 CORAL SPRINGS, FL 33071		T 	
			. 04112007 No Chg-P CR2E034 (11/05)	
DO NOT WRIT	TE IN THIS SPA	i rajiran Brasi	4. FEI Number A 56-2493600 N  5. Certificate of Status Desired   \$8.75 Ad	
6. Name and Address of Cur			DO NOT WRITE	
1500 UNIVERSITY DR		1		

•	DO	NOT	WRI	ΓΕ
			SPAC	

CORAL SE	PRINGS, FL 33071				
	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	ed office or registered agent, or bot	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Registere	d Agent signature required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finar     Trust Fund Contribution.	ř		
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT D HAAS, OLAF 1108 CITRUS ISLE FORT LAUDERDALE, FL 33315	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			4	000000719600 05/01/07-80072-001 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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.					

SIGNATING AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR