


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 01, 2006 8:00 am**  
**Secretary of State**

07-14-2006 90021 035 \*\*\*150.00

DOCUMENT # P05000026354			
1. Entity Name E-MEDIA BUSINESS GROUP USA, INC.			
Principal Place of Business 125 N. DIXIE HWY. HALLANDALE, FL 33009		Mailing Address 125 N. DIXIE HWY. HALLANDALE, FL 33009	
2. Principal Place of Business <i>11322 SW 13 PLACE</i>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>DAVIE, FL</i>		City & State	
Zip <i>33325</i>	Country <i>USA</i>	Zip	Country
6. Name and Address of Current Registered Agent  WHITE, JAMES S 125 N. DIXIE HWY. HALLANDALE, FL 33009		7. Name and Address of New Registered Agent Name <i>JAMES S. WHITE</i> Street Address (P.O. Box Number is Not Acceptable) <i>11322 SW 13TH PLACE</i> City <i>DAVIE</i> FL Zip <i>33325</i>	
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 <i>[Signature]</i> DATE <i>07/27/06</i> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, JAMES S	NAME	
STREET ADDRESS	125 N. DIXIE HWY.	STREET ADDRESS	
CITY - ST - ZIP	HALLANDALE, FL 33009	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		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: <i>[Signature]</i>		Date <i>JULY 12/06</i> 954-456-4027 <small>Daytime Phone #</small>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	





125 N. Dixie Hwy  
Hallandale, Fl, 33009  
Tel: 954-456-4890  
Fax: 954-456-4891  
www.emediabusinessgroup.com  
info@emediabusinessgroup.com

ATTACHMENT

66022502  
#POS000026354

July 7 2006

Please find enclosed our check in the amount of \$150.00 as payment. We respectfully request that the penalty be abated since we never received the notice of the report.

Yours truly,

A handwritten signature in black ink, appearing to read 'Steve White', is written over a horizontal line.

Steve White  
Account Supervisor