2006 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P05000029897 01-24-2006 90014 011 ***150.00 SUPERFOX ENTERTAINMENT, INC. Principal Place of Business Mailing Address 1574 TIMMONS TERRACE 1574 TIMMONS TERRACE CLEARWATER, FL 33756 CLEARWATER, FL. 33756 3. Mailing Address 5747/MAC Suite, Apt. #, etc. Suite, Apt. #. etc 01112006 CR2E034 (11/05) 4. FEI Number 86//3/5/2 City & State City & State Applied For Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DELLA VOLPE, MICHAEL M Street Address (P.O. Box Number is Not Acceptable) 1574 TIMMONS TERRACE CLEARWATER, FL 33758 City Zip Code 8. The above named entity submitted his 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 adjent. SIGNATURE 2 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 \Box Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 OFFICERS AND DIRECTORS 11. VSD ☐ Addition TILE ☐ Delete TITLE ☐ Change RANDLE, GAIL L NAME NAME STREET ADDRESS 1574 TIMMONS TERRACE STREET ADDRESS CLEARWATER FL 33756 City-St-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition ☐ Change DELLA VOLPE, MICHAEL M MAME MAME 1574 TIMMONS TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33756 CITY-ST-ZIP TITLE ☐ Delete Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition MAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

727-486-94

FILED Jan 24, 2006 8:00 am