

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90164 019 \*\*\*150.00

**DOCUMENT # P05000037303**

1. Entity Name  
**2C MEDIA, INC.**



Principal Place of Business  
**925 W 47TH COURT  
MIAMI BEACH, FL 33140**

Mailing Address  
**925 W 47TH COURT  
MIAMI BEACH, FL 33140**

40065308



2. Principal Place of Business  
**420 Lincoln Road**  
Suite, Apt. #, etc.  
**Suite 389**

3. Mailing Address  
**420 Lincoln Road**  
Suite, Apt. #, etc.  
**Suite 389**

04212006 Chg-P CR2E034 (11/05)

City & State  
**Miami Beach, FL**

City & State  
**Miami Beach, FL**

4. FEI Number  
**20-2480706**

Applied For  
Not Applicable

Zip  
**33139**

Country

Zip  
**33139**

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SLOAN, CARLA KAUFMAN  
925 W 47TH COURT  
MIAMI BEACH, FL 33140**

Name

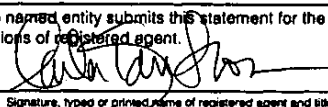
Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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    
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-24-06

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DIRE  
KAUFMAN SLOAN, CARLA  
5301 NW 74TH AVE SUITE 101  
MIAMI, FL 33166** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DIRE  
Kaufman Sloan, Carla  
925 W 47th Court, Miami Beach, FL 33140** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PRES  
KAUFMAN SLOAN, CARLA  
5301 NW 74TH AVE SUITE 101  
MIAMI, FL 33166** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**Pres  
Kaufman Sloan, Carla  
925 W 47th Court, Miami Beach, FL 33140** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**SECR  
KAUFMAN SLOAN, CARLA  
5301 NW 74TH AVE SUITE 101  
MIAMI, FL 33166** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**SECR  
Kaufman Sloan, Carla  
925 W 47th Court, Miami Beach, FL 33140** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**TREA  
KAUFMAN SLOAN, CARLA  
5301 NW 74TH AVE SUITE 101  
MIAMI, FL 33166** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**Trea  
Kaufman Sloan, Carla  
925 W 47th Court, Miami Beach, FL 33140** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
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CITY - ST - ZIP  
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-24-06

(305) 672 8229