2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006
Secretary of State

DOCUMENT# P05000072071

Entity Name: FUSEBOX FUNK, INC.

Current Principal Place of Business:

4244 UNIVERSITY BLVD SOUTH, STE #4
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

4244 UNIVERSITY BLVD SOUTH, STE #4
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 65-1250855 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SOUTHWEST 22 STREET, 4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: BOORAS, PETER
Address: 4244 UNIVERSITY BLVD SOUTH, STE #4
City-St-Zip: JACKSONVILLE, FL 32216

Title: DT ( ) Delete
Name: POLAND, CHRIS
Address: 4244 UNIVERSITY BLVD SOUTH, STE #4
City-St-Zip: JACKSONVILLE, FL 32216

Title: DV ( ) Delete
Name: NIELSEN, GRANT
Address: 4244 UNIVERSITY BLVD SOUTH, STE #4
City-St-Zip: JACKSONVILLE, FL 32216

Title: DVS ( ) Delete
Name: KOTTLER, SETH
Address: 4244 UNIVERSITY BLVD SOUTH, STE #4
City-St-Zip: JACKSONVILLE, FL 32216 D

Title: D ( ) Delete
Name: STAR, JAMES J
Address: 4244 UNIVERSITY BLVD SOUTH, STE #4
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRIS POLAND DT 04/07/2006

Electronic Signature of Signing Officer or Director — Date