2006 FOR PROFIT CORPORATION ANNUAL REPORT

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SIGNATURE:

Mar 27, 2006 8:00 am Secretary of State DOC\UMENT # P05000101747 1. Entity I Name BLUE (MOTION MEDIA, INC. 03-27-2006 90238 038 ***150.00 Principal Place of Business Mailing Address 326 AU. LEY.RD - APT C 326 AUSLEY RD - APT C TALLAHA SSEE, FL 32304 TALLAHASSEE, FL 32304 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03092006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number 20-3189848 Applied For Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name IRWIN, PAUL 326 AUSLEY RD - APT C Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE, FL 32304 City 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 SIGNATURE # 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete Chairman TILE ☐ Change BODBY KUZMA 5771 SCOTT LAKE HILLS LAND NAME IRWIN, PAUL NAME STREET ADDRESS 326 AUSLEY RD - APT C STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32304 LAKELAND IFL 33813 CITY-ST-7P TITLE CEO Delete TITLE ☐ Change Addition IRWIN, PAUL NAME NAME STREET ADDRESS 326 AUSLEY RD - APT C STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32304 CITY-ST-ZEP VΡ TILE ☐ Delete TITLE ☐ Change ☐ Addition NAME GLENN, WILTON JR NAME STREET ADDRESS 326 AUSLEY RD - APT C STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32304 CITY-ST-ZIP CFO TITLE □ Delete TITLE Change ☐ Addition GLENN, WILTON JR NAME NAME 326 AUSLEY RD - APT C STREET ADDRESS STREET ADDRESS TALLAHASSEE, FL 32304 CITY-ST-ZIP CITY-ST-7P TITLE ☐ Deleta ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 ipocitive 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 charged, or on an attact intent with an address, with all other fixe empowered.

" WILTON M. GLENN,

FILED