2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING O

Apr 17, 2006 8:00 am Secretary of State DOCUMENT # P05000104493 04-17-2006 90372 039 ***150.00 1. Entity Name STREAMINGENTERTAINMENT COM INC Principal Place of Business Mailing Address 2057 US HWY ONE 2057 US HWY ONE VERO BEACH, FL 32960 VERO BEACH, FL 32960 2. Principal Place of Business \$65 - 16 th 3. Mailing Address 865-10 Suite, Apt. #, etc. 03212006 CR2E034 (11/05) City & State DEACH City & State BEACH 4. FEI Number 3205899 Applied For Not Applicable Country \$8.75 Additional Fee Required 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DIWCENTE DILUCENTE, WAYNE Address (P.O. Box Number is Not Acceptable) 2057 US HWY ONE NEW ADDRESS ONLY VERO BEACH, FL 32960 FRO BEACH 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 agen 41 12 -06 WAYNE DILUCEUTE SIGNATURE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Þ TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME DILUCENTE, WAYNE NAME STREET ADDRESS **455 38TH COURT** STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32962 CITY-ST-7iP VP TITLE ☐ Defete TITLE □ Change ☐ Addition DILUCENTE, SALLY NAME 455 38TH COURT STREET ADDRESS STREET ADDRESS VERO BEACH, FL 32962 CITY-ST-ZIP CITY-ST-ZIP SEC TITLE ☐ Delete Change ☐ Addition GRZESIAK, DONNA NAME NAME STREET ADDRESS 4635 1ST STREET STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32968 CITY-ST-ZIP TITLE TREA Delete TITLE ☐ Change ☐ Addition GRZESIAK, BRIAN NAME NAME STREET ADDRESS 4635 1ST STREET STREET ADDRESS VERO BEACH, FL 32968 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TATLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 flustee 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.

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