2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 04, 2006 8:00 am Secretary of State **DOCUMENT # P05000122914** 03-14-2006 90023 016 ***150.00 CRUISE MEDIA GROUP, INC. Principal Place of Business Mailing Address 66008551 C/O ROTH & SCHOLL C/O ROTH & SCHOLL 1500 SAN REMO AVE SUITE 176 1500 SAN REMO AVE SUITE 176-CORAL GABLES, FL 33146 CORAL GABLES, FL-33146-2. Principal Place of Business 3. Mailing Address 866 S. Dixie Hwy. 866 S. Dixie Hwy. Suite, Apt. #, etc. Suite, Apt. #, etc. 01312006 Chg-P CR2E034 (11/05) City & State City & State Applied For 26E3473980 Corál Gables, FL Coral Gables, FL Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33146 USA 33146 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROTH, JEFFREY C Street Address (P.O. Box Number is Not Acceptable) C/O ROTH & SCHOLL 866 S. Dixie Hwy. 1500 SAN REMO AVE SUITE 176 CORAL CABLES, FL 99140 City Coral Gables 8. The above named entity submits this statement for the ourpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of regis SIGNATURE. Signature, ty (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. D TITLE ☐ Delete TITLE ☐ Change ☐ Addition LEVINE, PHILIP NAME 1500 DAN REMO AVENUE OUITE-170-866 S. Dixie Hwy. STREET ADDRESS STREET ADORESS CITY-ST-ZIP CORAL GABLES, FL. 99140-Coral Gables, FL CITY-ST-ZIP TITLE De lete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete DRE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CXTY-ST-ZIP TITLE Delete TITLE ☐ Channe ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with indicated on this report or supplemental paper of the corporation or the receiver or taylos changed, or on an attachment with an accompany. this fillog does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if made under oath; that I am an officer or director of the same legal effect as if made under oath; that I SIGNATURE:

AND TYPED OR PRINTED NAME OF MONING OFFICER OR DIRECTOR

FILED

- ATTACHMENT

ROTH & SCHOLL Attorneys at Law 660655

866 South Dixie Highway Coral Gables, Florida 33146 Tel 305.662.4141 Fax 305.662.3816

March 29, 2006

Florida Secretary of State **Uniform Business Report Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

RE:

Cruise Media Group, Inc. - Ref. No. P05000122914

Dear Sir:

Per your letter to me dated March 16, 2006, a copy of which is enclosed, enclosed is corrected 2006 Uniform Business Report for the above corporation which has Block 4 completed. If the enclosed is now acceptable, please file the enclosed Uniform Business Report. Thank you for your anticipated prompt attention to this matter.

Very truly yours,

JEFFREY C. ROTH

refrey C. Roth/usy

JCR:akm Encls.