2007 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 12, 2007 08:00 AM **Secretary of State** DOCUMENT # P05000122914 CRUISE MEDIA GROUP, INC. Principal Place of Business Mailing Address C/O ROTH & SCHOLL C/O ROTH & SCHOLL 866 S. DIXIE HWY. 866 S. DIXIE HWY. CORAL GABLES, FL 33146 CORAL GABLES, FL 33146 02122007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-3473980 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ROTH, JEFFREY C DO NOT WRITE C/O ROTH & SCHOLL 866 S. DIXIE HWY. IN THIS SPACE CORAL GABLES, FL 33146 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. D TITLE LEVINE, PHILIP NAME 866 S. DIXIE HWY STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33146 000000662414 03/21/07-80012-009 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied morn his filing document of the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplementative both, 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 true legal processes the required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with abandors, with all true like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS

PHILIP LEVING

1107

Daytime Phone #

FILED