


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 19, 2006 8:00 am**  
**Secretary of State**

06-19-2006 90002 006 \*\*\*150.00

|   |   |  |   |
|---|---|--|---|
| DOCUMENT # P05000140623   |   |                                   |   |
| 1. Entity Name<br>SINGER MEDIATION, INC.  |   |  |   |
| Principal Place of Business<br>3021 S. MIAMI AVE.<br>MIAMI, FL 33129  |   | Mailing Address<br>3021 S. MIAMI AVE.<br>MIAMI, FL 33129   |   |
| 2. Principal Place of Business  |   | 3. Mailing Address   |   |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.  |   |
| City & State  |   | City & State   |   |
| Zip   | Country   | Zip  | Country   |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   | Applied For<br>Not Applicable  |   |
| 6. Name and Address of Current Registered Agent   |   | 7. Name and Address of New Registered Agent  |   |
| SINGER, ROBERT S.<br>3021 S. MIAMI AVE.<br>MIAMI, FL 33129  |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL 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 the obligations of registered agent.   |   |  |   |
| SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small>   |   |  |   |
| FILE NOW!!! FEE IS \$550.00<br>Due by September 6, 2006   |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be<br>Added to Fees |   |
| 10. OFFICERS AND DIRECTORS  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | P<br>SINGER, ROBERT S.<br>3021 S. MIAMI AVE.<br>MIAMI, FL 33129 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VP<br>SINGER, DAVID<br>2409 NW 66 DR<br>BOCA RATON, FL 33496 <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 receiver 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 changed, or on an attachment with an address, when an officer has been empowered. |   |  |   |
| SIGNATURE: _____  |   | Robert S Singer 5/17/06  |   |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   | <small>Date Day-Mo-Yr</small>  |   |



05112006 Chg-P CR2E034 (11/05)

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