2006 FOR PROFIT CORPORATION

ANNUAL REPORT

Mar 14, 2006 8:00 am Secretary of State 03-14-2006 90022 040 ***158.75 DOCUMENT # P05000157872 VERTIGO MARKETING, INC. 4025-Principal Place of Business Mailing Address 9500 SOUTH DADELAND BLVD., STE. 550 9500 SOUTH DADELAND BLVD., STE, 550 MIAMI, FL 33156 US MIAMI, FL 33156 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02132006 Chg-P CR2E034 (11/05) City & State 4. FEI Number 20- 4076965 City & State Applied For Not Applicable Zip 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 SILVERMAN, STEVEN Street Address (P.O. Box Number is Not Acceptable) 9500 S. DADELAND BLVD. #550 MIAMI, FL 33156 City Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \Box Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE **PSD** ☐ Delete TITI F ☐ Change ☐ Addition GERBER, JORDAN NAME NAME STREET ADDRESS 185 EAST 85TH STREET, SUITE 23C STREET ADDRESS NEW YORK, NY 10028 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE 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 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F Change Addition TITLE □ Delete NAME NAME

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 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 attach. Fent. with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS CITY - ST - ZIP

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED