2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 19, 2008 08:00 A Secretary of State **DOCUMENT # P06000116715** 1. Entity Name **ENTERTAINMENT & MEDIA RECRUITING** CONSULTANTS, CORP. Principal Place of Business Mailing Address 2016 BAY DRIVE, SUITE 408 2016 BAY DRIVE, SUITE 408 MIAMI BEACH, FL 33141 MIAMI BEACH, FL 33141 CR2E034 (11/05) 03062008 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-5525599 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FERNANDEZ, ROSEMARIE DO NOT WRITE 2016 BAY DRIVE, SUITE 408 MIAMI BEACH, FL 33141 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Renistered Appel signature required when reinstating) DATE -9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. DPVP TITLE NAME FERNANDEZ, ROSEMARIE 2016 BAY DRIVE, SUITE 408 STREET ADDRESS MIAMI BEACH, FL 33141 CITY-S1-7/P TITLE FERNANDEZ, ROSEMARIE NAME STREET ADDRESS 2016 BAY DRIVE, SUITE 408 CITY-ST-ZIP MIAMI BEACH, FL 33141 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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, with all other like empowered.

FILED