2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 08, 2007 08:00 AM DOCUMENT # P92000007450 **Secretary of State** 1. Entity Name EDGE BROADCASTING, INC. Principal Place of Business Mailing Address 5111 RIDGEWOOD AVE 5111 RIDGEWOOD AVE SUITE 202 SUITE 202 PORT ORANGE, FL 32127 PORT ORANGE, FL 32127 01262007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3183325 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HUGHES, REID B DO NOT WRITE 5111 S RIDGEWOOD AVE PORT ORANGE, FL 32127 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: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME HUGHES, REID B STREET ADDRESS 5111 S RIDGEWOOD AVE CITY-ST-ZIP PORT ORANGE, FL. 32127 000000659944 03/19/07-80006-024 150.00 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

12. Thereby 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 attachment with an address, with all other like empowered.

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

eid B. Hughes 3/5, SIGNATURE: