## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000057810

1. Entity Name
MEDIABAY, INC.



FILED Aug 09, 2006 08:00 A Secretary of State

Principal Place of Business

2 RIDGEDALE AVENUE SUITE 300

CEDAR KNOLLS, NJ 07927

Mailing Address

2 RIDGEDALE AVENUE SUITE 300

CEDAR KNOLLS, NJ 07927



## DO NOT WRITE IN THIS SPACE

08012006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0429858 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASEE, FL 32301

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8.	The above named entity submits this statement for the purpose of changing its registered office or	registered agent, or both, in the State o	f Florida. I am familiar with, and accept
	the obligations of registered agent.	-	·
		1.400.00.00	

SIGNATURE.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

- 8255 20000005 (3355 20 2000 4 20000

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

_	ue by September 6, 2006	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
10.	OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO DITTUS, JEFFREY 600 OLD GULPH ROAD PENN VALLEY, PA 19072		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONTGOMERY, ROBERT 348 COURTLEIGH BLVD TORONTO, ONTARIO, m5n 1r5		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALTOBELLO, DANIEL J 9727 AVENAL FARM DRIVE POTOMAC, MD 20854		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERMAN, RICHARD 338 W 84TH ST NEW YORK, NY 10024		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHELPS, MARSHALL C 4919 102ND LANE NE KIRKLAND, WA 98033		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSETTI, JOSEPH 437 MADISON AVENUE NEW YORK, NY 10022		
12. I bereby certify that the information supplied with this filing does not qualify for the ex-			

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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.

SIGNATURE:

MATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DI

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973-539-952K

Daytime Phone #