

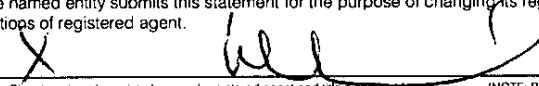
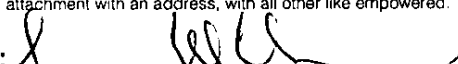


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90184 041 ***150.00

DOCUMENT # P93000076449 1. Entity Name GULFSTREAM MEDIA GROUP, INC.					
Principal Place of Business 800 E. BROWARD BLVD STE 506 FT. LAUDERDALE, FL 33301 US			Mailing Address 800 E. BROWARD BLVD STE 506 FT. LAUDERDALE, FL 33301 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 03052007 Chg-P CR2E034 (12/06)	
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 65-0448647				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent MCCORMICK, BERNARD 111 SE 17TH AVE. FT. LAUDERDALE, FL 33301	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 4/25/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS	
TITLE VC <input type="checkbox"/> Delete NAME MCCORMICK, BERNARD STREET ADDRESS 111 SE 17TH AVE. CITY-ST-ZIP FT. LAUDERDALE, FL 33301		TITLE P <input type="checkbox"/> Delete NAME MCCORMICK, MARK STREET ADDRESS 1117 SE 6TH ST CITY-ST-ZIP FORT LAUDERDALE, FL 33301		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE C <input type="checkbox"/> Delete NAME MCCABE, ROBERT STREET ADDRESS 331 INDIAN HARBOR DR. CITY-ST-ZIP VERO BEACH, FL 32963		TITLE D <input type="checkbox"/> Delete NAME THIES, WILLIAM F JR. STREET ADDRESS 1335 NE 26TH ST. CITY-ST-ZIP FT. LAUDERDALE, FL 33305		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE D <input type="checkbox"/> Delete NAME CECIL, CHRISTOPHER H. A STREET ADDRESS 330 POINCIANA PLAZA CITY-ST-ZIP PALM BEACH, FL 33480		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 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.					
SIGNATURE: 				Date 4/25/07 Daytime Phone # 954-462-4488	