


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 05, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P94000033142  
 1. Entity Name  
 LONG TAIL, INC.



Principal Place of Business  
 27657 OLD 41 ROAD  
 BONITA SPRINGS, FL 34135 US

Mailing Address  
 PO BOX 2507  
 BONITA SPRINGS, FL 34133 US

**DO NOT WRITE IN THIS SPACE**



06302005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0491571	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, BRADLEY R  
 27657 OLD 41 ROAD  
 BONITA SPRINGS, FL 34135

**DO NOT WRITE 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**  
**Due by September 7, 2005**

9. 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.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GENELIN, FREERK DR. MUNCHNERSTRASSE 742 6100 SEEFELD, AUSTRIA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EBNER, MARION G MUNCHNERSTRASSE 742 6100 SEEFELD, AUSTRIA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARSLAND, WILLIAM 27657 OLD US 41 ROAD BONITA SPRINGS, FL 34133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GENELIN, BRONO MUNCHNERSTRASSE 742 6100 SEEFELD, AUSTRIA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 07/05/05-80020-004 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *William W. Marsland* **WILLIAM W. MARSLAND** 6-30-05 239.992-4232

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #