## 2005 FOR PROFIT CORPORATION

ANNUAL REPORT					Secretary of State		
DOCUI	MENT # P9400003352			Secre	ctary of State		
	RADE INTERACTIVE, INC.	i d		1			
}		<u>e s</u>	- W.	-			
Principal Place of Business Mailing Address 5200 BLUE LAGOON DRIVE STE. 600 5200 BLUE LAGOON DRIVE ST MIAMI, FL 33131 MIAMI, FL 33131			E. 600				
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	O NOT WRITE I	CE.	01182005	No Chg-P	CR2E034 (10/03)		
	O NO! WINE!	U L	4. FEI Number 65-049		Applied Not Appl		
					of Status Desired	\$8.75 Additional Fee Required	
<u> </u>	6. Name and Address of Current Reg	istered Agent	<del> </del>	1		- Fee naquiled	
ROSENBE	RG, LEONARD L		DO.	NOT W	IDITE		
5200 BLUE LAGOON DR							
STE 600 MIAMI, FL 33126			}	IN .	THIS SF	PACE	
8. The above	named entity submits this statement for the	purpose of changing its registere	ed office or registi	ered agent, or bo	th, in the State of Fl	lorida. I am familiar with, and a	ссер
the obligat	ions of registered agent.						
SIGNATURE_	Signature, typed or printed name of registered agent and til	la if applicable. (NOTE Registere	d Agent signature requir	ad when reinstaling)	<u> </u>	DATE	_
<del></del>	<u> </u>		···		· · · · · · · · · · · · · · · · · ·	<u></u>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		Election Campaign Finar     Trust Fund Contribution.		5.00 May Be ded to Fees			
10.	OFFICERS AND DIR	ECTORS	Ţ				
NAME	PD TRAVIS, THOMAS G.						
STREET ADDRESS	5200 BLUE LAGOON DR #600		<b>[</b>		Honoor	1100055	
CITY-ST-ZIP	MIAMI, FL 331262022		<u>(</u>		01/27/05	0199256 -80084–014 150.0	n
TITLE NAME	TVD SANDLER, GILBERT L.		ľ				•
STREET ADDRESS	5200 BLUE LAGOON DR #600		į				
CITY-ST-ZIP	MIAMI, FL 331262022						
TITLE	VSD		ļ				
NAME STREET ADDRESS	ROSENBERG, LEONARD L. 5200 BLUE LAGOON DR #600		(				
CITY-ST-ZIP	MIAMI, FL 331262022			DO	NOT W	/RITE	
TITLE		<del></del>	1	INI '	THIS SI	PACE	
NAME	1		]	11%	11110 0	NOL	
STREET ADDRESS CITY-ST-ZIP			1				
TITLE		<u> </u>	1				
NAME	1		1				
STREET ADDRESS			1				

12. I hereby certify that the information supplied with this filling 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 trusted 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 addiess, with all other like empowered.

SIGNATURE: \

CITY-ST-ZIP TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Leonard L. Rosenberg