


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000035049		
1. Entity Name NH MEDIA, INC.		
Principal Place of Business 2295 CORPORATE BLVD. SUITE 222 BOCA RATON, FL 33431	Mailing Address 2295 CORPORATE BLVD., STE. 222 P.O. BOX 5010 BOCA RATON, FL 33431	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent HERRICK, NORTON C/O THE HERRICK COMPANY, INC. 2295 CORPORATE BLVD N.W. STE. 222 BOCA RATON, FL 33431		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 _____ <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000476401 04/06/06-80009-001 1905.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	CCEO HERRICK, NORTON 2295 CORPORATE BLVD N.W. STE. 222 BOCA RATON, FL 33431	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	C KERMALLI, NISAR 2 RIDGEDALE AVE., STE. 370 CEDAR KNOLLS, NJ 07927	
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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 life empowered.		
SIGNATURE: <u>Nisar Kermalli - Controller</u> 2/27/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



01182006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0667916	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required