2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED **DOCUMENT # P96000035049** 1. Entity Name 2007 MAR 19 PM 3: 37 NH MEDIA, INC. SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 2295 CORPORATE BLVD. 2295 CORPORATE BLVD., STE. 222 P.O. BOX 5010 SUITE 222 BOCA RATON, FL 33431 BOCA RATON, FL 33431 No Chg-P CR2E034 (11/05) 02132007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0667916 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent HERRICK, NORTON DO NOT WRITE C/O THE HERRICK COMPANY, INC. 2295 CORPORATE BLVD N.W. STE. 222 IN THIS SPACE BOCA RATON, FL 33431 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 \Box Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS CCEO TITLE HERRICK, NORTON NAME 2295 CORPORATE BLVD N.W. STE. 222 STREET ADDRESS **300094864393** 03/27/07--01033--030 ***4445.00 CITY-ST-ZIP BOCA RATON, FL 33431 TILLE KERMALLI, NISAR NAME 2 RIDGEDALE AVE., STE. 370 STREET ADDRESS CEDAR KNOLLS, NJ 07927 CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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 attachmer empowered. vith an address, v ontroller SIGNATURE: Daytime Phone # RE AND TY ED NAME OF SIGRING OFFICER OR DIRECTO

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