2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Aug 04, 2006 8:00 am Secretary of State 08-04-2006 90016 047 ***158.75

DOCUMENT # P9700008 1. Entity Name VISION MEDIA TECHNOLOGIES,	
Principal Place of Business	Mailing Address
27 ST. CLAIR AVENUE EAST SUITE 218 TORONTO ONTARIO CANADA M5G 1TG, XX	27 ST. CLAIR AVENUE EAST SUITE 218 TORONTO ONTARIO CANADA M5G 1T6. XX
CAROLA III SO 110, AA	CARDIN MOD 110, AX

VISIÓN N	MEDIA TECHNOLOGIES, IN	C.						
			_			5002420	4	
2. Principal P もも23	lace of Business SIXTEEN ROAD	3. Mailing Address 6023 SIXTEEN ROAD						
Suite, Apt.	inte, Apt. #, etc. Suite, Apt. #, etc.		07282006	07282006 Chg-P CR2E034 (11/05)				
City & State Sm 17H	VILLE ONTARIO	City & State SmiTH VILLE ON TARIO		4. FEI Numb 65-097			optied For ot Applicable	
LORT	LAO COUNTY CANADA	LORZAD	Country _ANADA	5. Certificate	of Status Desired	\$8.75 Add Fee Require		
	6. Name and Address of Current I	Registered Agent	Name	7. Name and	Address of New R	legistered Agent		
UNITED CORPORATE SERVICES, INC. 9200 SOUTH DADELAND BLVD., #508 MIAMI. FL 33156			<u> </u>	Street Address (P.O. Box Number is Not Acceptable)				
-			City			El Zip Cod		
8. The above	named entity submits this statement for	the nurgose of changing its regi		nistered agent or bo	oth in the State of Flo			
	ions of registered agent.	and purpose of cranging its regi	istered onles or rep	jista eu agent, or oc	or, ar the State of FR	Once Territerine will,	an accept	
SIGNATURE.	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: Reg	gistered Agent signature re	quired when reinstating)		DATE		
	LE NOWIII FEE IS \$150.00 ue by September 6, 2006	9. Election Campaign F Trust Fund Contribut		\$5.00 May Be Added to Fees	In accordance v corporation did	with s. 607.193(2)(b), not receive the prior i	F.S., the notice.	
10.	OFFICERS AND I	DIRECTORS	11.		CHANGES TO OFF	ICERS AND DIRECTOR	S IN 11	
TITLE NAME	CSD DOMEDS IOUN	Delete		PSD POWERS,.	10 HNNY	☐ Change	Addition	
STREET ADDRESS	POWERS, JOHN 5 27 ST. CLAIR AVE., SUITE 218		STREET ADDRESS	27 ST. CLAIR AVE., SUITE 218				
CITY-ST-ZIP	TORONTO, ONTARIO, CANADA,	m4t2m1	CITY-SI-ZIP	TORONTO	ONTARIO	, CANADA M	4+2m/	
TITLE	AS STEVEN	☐ Delete	TITLE			Change	Addition	
name Street address	SISKIND, STEVEN L 645 FIFTH AVE., STE 403		NAME STREET ADDRESS					
CTTY-ST-ZIP	NEW YORK, NY 10022		CITY-ST-ZIP					
TITLE	P P	Delete	mle .			☐ Change	Addition	
NAME Street address	KIM, JONGWOO 645 FIFTH AVE., SUITE 403		NAME STREET ADORESS				ļ	
CITY-ST-ZIP	NEW YORK, NY 10022		CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
IMLE		☐ Delete	TITUE			☐ Change	Addition	
NAME			NAME					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE		☐ Delete	TIFLE			☐ Change	Addition	
HAME		1	NAME				_	
STREET ADDRESS City-St-Zip			STREET ADDRESS					
	certify that the information supplied with	this filing does not qualify for the	CITY-ST-ZIP	ained in Chanter 11	9 Florida Statutor 1	further certify that the in	formation	
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. (4) 470.9700 \$\frac{1}{2}\$ (905) 757.082 \$\frac{1}{2}\$								
SIGNATURE: SIGNATURE AND VIEW OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR Date Despring Prome #								
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