2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 22, 2007 8:00 am Secretary of State

| DOCUMENT # P97000082732 1. Entity Name VISION MEDIA TECHNOLOGIES, INC. | | | | | | 03-22-200 | 07 90002 | : 002 ***15 | 8.75 | | |
|--|--|--|--|--|---|-------------------------|------------------|----------------|-------------|------------------------------|--|
| Principal Plac | e of Business | Mailing Address | | | | | | | | | |
| 6023 16 RD SMITH VILLE, ONTARIO, lo-r2ao XX | | 6023 16 RD SMITH VILLE, ONTARIO, lo-r2ao XX | | | | | | | | | |
| 2. Principal P | Place of Business - No P.O. Box # | 3. Mailing Address | | | | | | | | | |
| Suite, Apt. #, etc. | | Suite. Apt. #, etc. | | | 03142007 | Chg-P | CR2 | E034 (12/06) | | | |
| City & State | | City & State | | | 4. FEI Number 65-0972 | | | <u> </u> | oplied For | | |
| Zip | Country Zip Co | | Country | у | | 5. Certificate c | | d 🖹 | \$8.75 Add | ditional | |
| Name and Address of Current Registered Agent | | | | | 7. Name and Address of New Registered Agent | | | | | | |
| LINITED CORDORATE CERVICES, INC. | | | | Name | | | | | | | |
| UNITED CORPORATE SERVICES, INC. 9200 SOUTH DADELAND BLVD., #508 MIAMI, FL 33156 | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | | |
| MIN (MI, 1 & 00 100 | | | | | | | | | | | |
| | | | | City | | | | F | Zip Cod | e | |
| 8. The above the obligat | named entity submits this statement follows of registered agent. | r the purpose of changing its | registered | d office or r | registere | ed agent, or both | , in the State o | · - | _ | and accept | |
| SIGNATURE | Signature, typed or printed name of registered agent | and title if anoticable (NOTE | - Hamistorert A | Ament signature | e required t | when reinstating) | | DATI | <u> </u> | | |
| | | 9. Election Campaig | | | | <u> </u> | **** | UATI | | | |
| After Ma | E NOW!!! FEE I\$ \$150.00 ay 1, 2007 Fee will be \$550. | | | | Adde | 00 May Be ed to Fees | | | | | |
| 10. | OFFICERS AND | DIRECTORS | 11. | | | ADDITIONS/C | CHANGES TO C | OFFICERS A | ND DIRECTOR | S IN 11 | |
| TITLE | PSD | ☐ Delete | TITLE | | | | | | | | |
| NAME CEDEET ADDRESS | 1 | POWERS, JOHN | | | PST | > | | | Change | Addition | |
| | | | CTOCCT | 4000000 | Pou | NERS J | 6H9 | | Change | Addition | |
| TITLE | | v. m4t2m1 | STREET CITY-ST | ADDRESS | 109 | 2 16'R | > | loari | • | Addition Addition | |
| HHLE | AS | · | | ADDRESS | 109 | NERS J | > | lo-r | 200 | Addition | |
| NAME | AS SISKIND, STEVEN L | n, m4t2m1 | CITY-S1 | ADDRESS | 109 | 2 16'R | > | 10-1 | • | | |
| NAME STREET ADDRESS | AS SISKIND, STEVEN L 645 FIFTH AVE., STE 403 | · | CITY-ST TITLE NAME STREET | ADDRESS T- ZIP ADDRESS | 109 | 2 16'R | > | 10-1 | 200 | | |
| NAME STREET ADDRESS CITY-ST-ZIP | AS SISKIND, STEVEN L | ☐ Delete | CITY-ST TITLE NAME STREET CITY-ST | ADDRESS T- ZIP ADDRESS | 109 | 2 16'R | > | loar | } ∧∘ | ☐ Addition | |
| NAME STREET ADDRESS | AS SISKIND, STEVEN L 645 FIFTH AVE., STE 403 | · | CITY-ST TITLE NAME STREET | ADDRESS T- ZIP ADDRESS | 109 | 2 16'R | > | 10-1 | 200 | | |
| NAME STREET ADDRESS CITY-ST-ZIP | AS SISKIND, STEVEN L 645 FIFTH AVE., STE 403 | ☐ Delete | CITY-SI TITLE NAME STREET CITY-SI TITLE NAME | ADDRESS T- ZIP ADDRESS | 109 | 2 16'R | > | loar | } ∧∘ | ☐ Addition | |
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Increox certify that the information supplied with this filling 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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

905. 957.0824 MARCH 14, 207

Daytime Phone #