2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 17, 2006 08:00 AM Secretary of State DOCUMENT # P98000017012 1. Entity Name E MEDIA CORPORATION Mailing Address Principal Place of Business 4630 N UNIVERSITY DRIVE 4630 N UNIVERSITY DRIVE #435 #435 CORAL SPRINGS, FL 33067 CORAL SPRINGS, FL 33067 03142006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0820949 Not Applicable The state of the s \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent RYDER, DAVID DO NOT WRITE **4630 N UNIVERSITY DR # 435** CORAL SPRINGS, FL 33067 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. (NOTE, Registered Agent signature required when reinstating) Skinature, typed or printed name of registered agent and title if applicable 03/23/06-30022-020 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME RYDER, DAVID 4630 N. UNIVERSITY DR #435 STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS, FL 33067 THILE NAME STREET ADDRESS CITY-ST-27P TALE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP DILE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I turther 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 it 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 it

SIGNATURE

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Daylima Phone #

FILED