2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 24, 2006 08:00 AM DOCÚMENT # P99000040411 **Secretary of State** 1. Entity Name BLANKCDMEDIA, INC. Principal Place of Business Mailing Address 121 SANORA BLVD SANFORD FL 32773 121 SANORA BLVD SANFORD FL 32773 2. Principal Place of Business 3. Mailing Address Suite, Apl. #, etc. Sune, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-3577933 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JAFFER, LATIFA 121 SANORA BLVD Street Address (P.O. Box Number is Not Acceptable) SANFORD FL 32773 Zip Code 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 Ffonda. 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 reinstaling) OATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May 8 After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Defete THLE 🔲 Ağdalı ☐ Change NAME JAFFER, LATIFA NAME U00000445737 03/07/06-80062-009 150.00 STREET ADDRESS 121 SANORA BLVD STREET ADDRESS CITY-ST-ZIP SANFORD FL 32773 CITY-ST-ZIP THE Delete 31716 ☐ Change T Addini JAFFER, REEZWAN NAME STREET ADDRESS 121 SANDRA BLVD STREET ADDRESS CITY-ST-21P SANFORD FL 32773 CITY-ST-ZIP 76018 Colete THIE ☐ Channe T Add." NAME STREET ADDRESS SIRLET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addison NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete THE ☐ Change Addition Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-709 TITLE ☐ Detete TODEF ☐ Change MACE: NAME NAME STREEL ACCRESS STREET ADDRESS C717-S1-ZIP CHTY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 direction 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

02/07/06

407-330-202

if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Wather

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