2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000084305

1. Entity Name
IMAGE ALLIANCE MEDIA, INC.

Principal Place of Business	Mailing Address
816 BRYAN PLACE FORT LAUDERDALE, FL 33312	816 BRYAN PLACE FORT LAUDERDALE, FL 33312

03212006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0951968
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WEISSBACH, THOMAS R
635 SW 1ST AVENUE
FORT LAUDERDALE, FL 33301

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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: Connie J Weissbach Tom R Weissbach March 20, 2006
(Signature, typed or printed name of registered agent and title if applicable) (If FL Registered Agent is a natural person) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WEISSBACH, THOMAS R
STREET ADDRESS	816 BRYAN PLACE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312
TITLE	P
NAME	WEISSBACH, CONNIE J
STREET ADDRESS	816 BRYAN PLACE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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NAME	
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CITY-ST-ZIP	

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04/08/06-80022-014 150.00

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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.

SIGNATURE: Connie J Weissbach CONNIE WEISSBACH 3-21-06 954-523-0906
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #