2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # \/45009

FILED Feb 28, 2006 8:00 am Secretary of State

02-28-2006 90015 031 ***150.00

1. Entity Name THE BROADCAST TEAM, INC.					A reference			
Principal Place of Business		Mailing Address				į	50000491	
9 SUNSHINE BLVD ORMOND BEACH, FL 32174 US		9 SUNSHINE BLVD ORMOND BEACH, FL 32174		US				
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02022006	Chg-P	CR2E034 (11/05)
City & State		City & State			4. FEI Number 59-312838	1		Applied For Not Applicable
~ Zip` ~	Country	Zip	Coun	fry	5. Certificate of St.		□ \$8.75 A Fee Requi	dditional
6. Name and Address of Current Registered Agent					7. Name and Add	ress of New R	egistered Agent	
ROSE, JAMES L 222 SEABREEZE BLVD.				Street Add	ames Sk	DW Necceptor	vd	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	BEACH, FL 32115-2491						7-0	
				Ormon	d Beach		FL 32	174
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 (NOTE: Registered Agent signature required when reinstating) 2/15/06 OATE								
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees								
10.	OFFICERS AND I		11.	D	ADDITIONS/CHA	NGES TO OFFI	ICERS AND DIRECTO	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	EDWARDS, MARK 552 JON ANDERSON ORMOND BEACH, FL 32176	☐ Delete		E Ed	wards, Mark Sunshine Blvc mond Beach		√Z Change -174	Addition
TITLE NAME STREET ADDRESS	D TUTTLE, ROBERT J. 425 PINE BLUFF TRAIL	☐ Delete	TITLE NAM STRE	E D Tu	Hle, Robert	ار ا	⊠ Change	Addition
CITY-ST-ZIP	ORMOND BEACH, FL 32174		8	-ST-ZIP	mond Beach	FL 3	2174	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDWARDS, STEPHANIE 552 JOHN ANDERSON OPNOND BEACH, 51, 22176	Delete .		E E E E C E C E C E C E C E C E C E C E	Sunshine Biv mond Beach wards, Stepl Sunshine Blv	hanie Id	Ø Change 2	Addition
TITLE NAME	D TUTTLE, ANDREA	Delete	TITLE NAM	<u> 5</u>	mond Beac Itte, Andrea Sunshine Bl		SZI/4 Change	Addition
STREET ADDRESS CITY-ST-ZIP	425 PINE BLUFF TRAIL ORMOND BEACH, FL 32174				mond Bea	ch Ela	32174	
TITLE NAME		Delete	TITLE NAM			=:-yl=	Change	Addition
STREET ADDRESS CITY-ST-ZIP		and the second of the second o	. Sīāe	ET ADDRESS	r Harris Borner National Residue	ـ		
TITLE NAME		☐ Delete	TITL!	I	······································		Change	Addition
STREET ADDRESS CITY-ST-ZIP	er e		STRE	ET ADDRESS -ST-ZIP				
12. I bereby	certify that the information supplied with	this filing does not qualify for	or the exi	emptions contail	ned in Chapter 119, Flo	rida Statutes, I	further certify that the	information

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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: SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

2-16-0 & 386-676-1157