

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

07 APR 13 AM 11:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000048740

1. Entity Name
TUBEAROO, INC.

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800098563968
04/25/07--01022--013 **150.00

| | | | | | | | |
|---|---------|---|---------|---|--|--------------------------------|--|
| 2. Principal Place of Business 3815 PLAZA DRIVE Suite, Apt. #, etc. | | 3. Mailing Address 3815 PLAZA DRIVE Suite, Apt. #, etc. | | 4. FEI Number 65-0941051 | | Applied For Not Applicable | |
| City & State FAIRFAX, VA | | City & State FAIRFAX, VA | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| Zip 22030 | Country | Zip 22030 | Country | | | | |

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7. Name and Address of Current Registered Agent

Name
CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND RD.

City
PLANTATION

State
FL

Zip Code
33324

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

| 11. OFFICERS AND DIRECTORS | | TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP |
|----------------------------|----------------|-------|------|----------------|-----------------|
| P | PAVEL MEDVEDEV | | | | |
| S | MARIA ATYANINA | | | | |
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Pavel Medvedev  March 30, 2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #