

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726722

FILED
Jan 14, 2009
Secretary of State

Entity Name: DISC VILLAGE, INC.

Current Principal Place of Business:

3333 WEST PENSACOLA STREET
SUITE 330
TALLAHASSEE, FL 323042800

New Principal Place of Business:

Current Mailing Address:

3333 WEST PENSACOLA STREET
SUITE 330
TALLAHASSEE, FL 323042800

New Mailing Address:

FEI Number: 59-1491338 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLK, THOMAS K CEO
3333 W PENSACOLA STREET
SUITE 330
TALLAHASSEE, FL 32304 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ALOI, JOSEPH J
Address: 524 APPELYARD DR
City-St-Zip: TALLAHASSEE, FL 32304

Title: TD () Delete
Name: LIANG, JEFF DR.
Address: P.O. BOX 12121
City-St-Zip: TALLAHASSEE, FL 32317

Title: D () Delete
Name: PATTERSON, TODD DR.
Address: 2700 CLINE STREET
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: ROBERTS, GARY
Address: 130 SALEM COURT
City-St-Zip: TALLAHASSEE, FL 32301

Title: CEO () Delete
Name: THOMAS, OLK K
Address: 3333 W. PENSACOLA ST.
City-St-Zip: TALLAHASSEE, FL 32304

Title: D () Delete
Name: MAIER-KATKIN, DANIEL DR.
Address: 634 W. CALL STREET
City-St-Zip: TALLAHASSEE, FL 32306

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS K. OLK

CEO

01/14/2009

Electronic Signature of Signing Officer or Director

_____ Date