

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001030

Entity Name: COLORTYME, INC.

FILED
Mar 31, 2009
Secretary of State

Current Principal Place of Business:

5501 HEADQUARTERS DR
PLANO, TX 75024

New Principal Place of Business:

Current Mailing Address:

5501 HEADQUARTERS DR
PLANO, TX 75024

New Mailing Address:

FEI Number: 75-2651408

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: SPEESE, MARK
Address: 5501 HEADQUARTERS DR
City-St-Zip: PLANO, TX 75024

Title: VD () Delete
Name: FADEL, MITCHELL
Address: 5501 HEADQUARTERS DR
City-St-Zip: PLANO, TX 75024

Title: CP () Delete
Name: BLOOM, ROBERT
Address: 5501 HEADQUARTERS DR
City-St-Zip: PLANO, TX 75024

Title: T () Delete
Name: DAVIS, ROBERT
Address: 5501 HEADQUARTERS DR
City-St-Zip: PLANO, TX 75024

Title: AS () Delete
Name: WOLVERTON, DAWN
Address: 5700 TENNYSON PKWY 3RD FLOOR
City-St-Zip: PLANO, TX 75024

Title: () Delete
Name:
Address:
City-St-Zip:

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: AS (X) Change () Addition
Name: WOLVERTON, DAWN
Address: 5501 HEADQUARTERS DR
City-St-Zip: PLANO, TX 75024

Title: VP () Change (X) Addition
Name: CORDON, RICARDO
Address: 5501 HEADQUARTERS DR
City-St-Zip: PLANO, TX 75024

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICARDO CORDON

VP

03/31/2009

Electronic Signature of Signing Officer or Director

Date