

**2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

**FILED  
Oct 03, 2009  
Secretary of State**

DOCUMENT# N97000001205

Entity Name: RTC ENTERTAINMENT, INC.

**Current Principal Place of Business:**

225 N KENNEL RD  
SANFORD, FL 32773

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 609138  
ORLANDO, FL 32860 US

**New Mailing Address:**

FEI Number: 59-3443654      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

FLESHER, NANCY R  
229 ALMA STREET  
KISSIMMEE, FL 34741 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: NANCY FLESHER

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MANNO, JOSEPH D  
Address: 742 CLAY ST. SUITE C  
City-St-Zip: WINTER PARK, FL 32789

Title: VSD ( ) Delete  
Name: DE ROSA, ANTHONY  
Address: 742 CLAY ST. SUITE C  
City-St-Zip: WINTER PARK, FL 32789

Title: D ( ) Delete  
Name: INELLO, ROBERT  
Address: 187 BASS POINT RD  
City-St-Zip: NAHANT, MA 01908

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: MANNO, JOSEPH D  
Address: PO BOX 609138  
City-St-Zip: ORLANDO, FL 32860

Title: VSD (X) Change ( ) Addition  
Name: DE ROSA, ANTHONY  
Address: PO BOX 609138  
City-St-Zip: ORLANDO, FL 32860

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

Title: D ( ) Change (X) Addition  
Name: MURPHY, JOHN  
Address: 225 N KENNEL RD  
City-St-Zip: SANFORD, FL 32771

Title: D ( ) Change (X) Addition  
Name: BUSH, MARION  
Address: PO BOX 609138  
City-St-Zip: ORLANDO, FL 32860

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: ANTHONY DEROSA

VP

10/03/2009

Electronic Signature of Signing Officer or Director

Date