

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000046082

FILED  
Jan 05, 2011  
Secretary of State

Entity Name: SERVICESNAP, INC.

**Current Principal Place of Business:**

227 SW 2ND AVENUE  
FORT LAUDERDALE, FL 33301 US

**New Principal Place of Business:**

**Current Mailing Address:**

227 SW 2ND AVENUE  
FORT LAUDERDALE, FL 33301 US

**New Mailing Address:**

FEI Number: 65-1106624

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KASSOVER, BRUCE H  
1180 S.W. 15TH STREET  
BOCA RATON, FL 33486 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: VP  
Name: TRIPP, MICHAEL  
Address: 2865 NE 25TH STREET  
City-St-Zip: FORT LAUDERDALE, FL 33305

Title: VP  
Name: KASSOVER, BRUCE  
Address: 1180 SW 15TH STREET  
City-St-Zip: BOCA RATON, FL 33486

Title: VP  
Name: STERNE, ROBIN  
Address: 22456 OVERATURE CIRCLE  
City-St-Zip: BOCA RATON, FL 33428

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL M. TRIPP

MGR

01/05/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date