

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003704

Entity Name: AUTHENTIC EXPOSURE INC.**Current Principal Place of Business:**3024 DICKINSON DRIVE
TALLAHASSEE, FL 32311**Current Mailing Address:**3024 DICKINSON DRIVE
TALLAHASSEE, FL 32311**FEI Number:** 37-1564595**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BLACK, APRIL S
3024 DICKINSON DRIVE
TALLAHASSEE, FL 32311 US*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**Officer/Director Detail :**

Title	P
Name	BLACK, APRIL S
Address	3024 DICKINSON DRIVE
City-State-Zip:	TALLAHASSEE FL 32311

Title	T
Name	PARRAMORE, JACKIE
Address	3423 NORTH RIDGE ROAD
City-State-Zip:	TALLAHASSEE FL 32305

Title	S
Name	SCHELL, LINDA D
Address	9727 SAPPINGTON AVE.
City-State-Zip:	JACKSONVILLE FL 32218

Title	V
Name	BLACK, JASON T
Address	3024 DICKINSON DRIVE
City-State-Zip:	TALLAHASSEE FL 32311

Title	O
Name	POTTER, MONIQUE
Address	39 STARLING TRACE
City-State-Zip:	CRAWFORDVILLE FL 32327

Title	O
Name	LEE, ERIC
Address	1824 PROSPECT ST.
City-State-Zip:	JACKSONVILLE FL 32218

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

SIGNATURE: APRILSBLACK**PRESIDENT****04/18/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date