

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000103805

Entity Name: AA DISC, INC.**Current Principal Place of Business:**1515 N. FEDERAL HIGHWAY
SUITE 405
BOCA RATON, FL 33432**Current Mailing Address:**1515 N. FEDERAL HIGHWAY
SUITE 405
BOCA RATON, FL 33432 US**FEI Number:** 46-1990751**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**DELEVIE, MARK N
1515 N FEDERAL HIGHWAY
SUITE 405
BOCA RATON, FL 33432 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	CHAIRMAN
Name	SIADAT, BARRY
Address	1515 N. FEDERAL HIGHWAY SUITE 405
City-State-Zip:	BOCA RATON FL 33432

Title	CEO
Name	MCMILLAN, ROSS
Address	7350 EMPIRE DRIVE
City-State-Zip:	FLORENCE KY 41042

Title	SECRETARY
Name	DELEVIE, MARK
Address	1515 N. FEDERAL HIGHWAY SUITE 405
City-State-Zip:	BOCA RATON FL 33432

Title	CFO
Name	BENNETT, SCOTT
Address	7350 EMPIRE DRIVE
City-State-Zip:	FLORENCE KY 41042

Title	TREASURER
Name	FISCHER, CARRIE
Address	1515 N. FEDERAL HIGHWAY SUITE 405
City-State-Zip:	BOCA RATON FL 33432

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: MARK N. DELEVIE**SECRETARY****04/17/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date