

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13000004523

Entity Name: THE MOLECULE, INC.**Current Principal Place of Business:**3000 UNIVERSAL STUDIOS PLAZA
BUILDING 17
ORLANDO, FL 32819**Current Mailing Address:**594 BROADWAY, STE. 906
NEW YORK, NY 10012 US**FEI Number:** 20-2629022**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HEALER, CHRISTOPHER
3000 UNIVERSAL STUDIOS PLAZA
BUILDING 17
ORLANDO, FL 32819 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	HEALER, CHRISTOPHER
Address	46-02 NEWTOWN ROAD
City-State-Zip:	ASTORIA NY 11103

Title	VP
Name	MARKOVIC, THEODORE
Address	1263 NORTH FLORES ST., APT. #G2
City-State-Zip:	WEST HOLLYWOOD CA 90069

Title	S
Name	DITOMMASO, LUKE
Address	148 SUMMIT ST., APT. #4
City-State-Zip:	BROOKLYN NY 11231

Title	T
Name	BLY, ANDREW
Address	31-12 42ND ST., APT. #12
City-State-Zip:	ASTORIA NY 11103

Title	D
Name	DE LEON, LUIS
Address	349 NORTH HAYWORTH AVE.
City-State-Zip:	LOS ANGELES CA 90048

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: CHRISTOPHER HEALER**PRESIDENT****05/01/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date