

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 160013

FILED
Jan 28, 2009
Secretary of State

Entity Name: TURTLE BEACH CABANAS, INC.

Current Principal Place of Business:

8588 MIDNIGHT PASS ROAD
SARASOTA, FL 34242 US

New Principal Place of Business:

Current Mailing Address:

440 FIELDSTONE DR
VENICE, FL 34292 US

New Mailing Address:

FEI Number: 59-0916040

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BELDING, JEFFEY
440 FIELDSTONE DR
VENICE, FL 342924600 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WATSON, DAVID
Address: 7926 MIDNIGHT PASS RD
City-St-Zip: SARASOTA, FL 34242

Title: D () Delete
Name: BROWN, JOHN
Address: 5004 INVERNESS DRIVE
City-St-Zip: SARASOTA, FL 34243

Title: D () Delete
Name: URBANSKI, RICHARD
Address: 6001 CT SIDE
City-St-Zip: BRADENTON, FL 34210

Title: TD () Delete
Name: BELDING, JEFFREY
Address: 440 FIELDSTONE DAIVE
City-St-Zip: VENICE, FL 34292

Title: D () Delete
Name: BEAR, MARYLOU
Address: 4721 FOX PL
City-St-Zip: SARASOTA, FL 34243

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: SD () Change (X) Addition
Name: WARD, MARCIA
Address: 385 N. POINT RD. #802
City-St-Zip: OSPREY, FL 34229

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

SIGNATURE: JEFFREY H BELDING

TD

01/28/2009

Electronic Signature of Signing Officer or Director

_____ Date