

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732493

FILED
Jan 26, 2009
Secretary of State

Entity Name: SECOND SIGHT TAPING STUDIO, INC.

Current Principal Place of Business:

2153 SE OCEAN BLVD
STUART, FL 34996 US

New Principal Place of Business:

Current Mailing Address:

2153 SE OCEAN BLVD
STUART, FL 34996 US

New Mailing Address:

FEI Number: 51-0177933

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TURNER, SARAH D
789 SW 31ST STREET
PALM CITY, FL 34990 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: D () Delete
Name: SPEVAK, LARRY
Address: 422 SE MAJESTIC TERRACE
City-St-Zip: PORT SAINT LUCIE, FL 34983 US

Title: P () Delete
Name: LAVOIE, CINDI
Address: 2704 SW WILLOWOOD COURT
City-St-Zip: PALM CITY, FL 34990 US

Title: D (X) Delete
Name: RUSCH, JACKIE
Address: 5297 ANNINGA AVENUE
City-St-Zip: PALM CITY, FL 34990 US

Title: T () Delete
Name: TURNER, SARAH D
Address: 789 SW 31ST STREET
City-St-Zip: PALM CITY, FL 34990 US

Title: V () Delete
Name: WELSH, TOM
Address: 2925 SW LAKEMONT PLACE
City-St-Zip: PALM CITY, FL 34990 US

Title: S () Delete
Name: KEMP, JANET
Address: 543 NE SAPPHERE WAY
City-St-Zip: JENSEN BEACH, FL 34957 US

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
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Address:
City-St-Zip:

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

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

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

SIGNATURE: JANET KEMPF

S

01/26/2009

Electronic Signature of Signing Officer or Director

Date