

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 820496

FILED
Jan 09, 2007
Secretary of State

Entity Name: SELIG ENTERPRISES, INC.

Current Principal Place of Business:

1100 SPRING STREET N W
SUITE 550
ATLANTA, GA 303092848

New Principal Place of Business:

Current Mailing Address:

1100 SPRING STREET N W
SUITE 550
ATLANTA, GA 303092848

New Mailing Address:

FEI Number: 58-6016800

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEBEAUBIEN, HUGO H ESQ
332 N MAGNOLIA AVE
ORLANDO, FL 32801 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: PD () Delete
Name: SELIG, S. STEPHEN III
Address: 1100 SPRINGS ST., SUITE 550
City-St-Zip: ATLANTA, GA 30309

Title: SVD () Delete
Name: DAWKINS, WILLIAM J
Address: 1100 SPRINGS ST., SUITE 550
City-St-Zip: ATLANTA, GA 30309

Title: VD () Delete
Name: WITT, DAVID E
Address: 1100 SPRINGS ST., SUITE 550
City-St-Zip: ATLANTA, GA 30309

Title: VD () Delete
Name: RIDDLE, ROBERT C
Address: 1100 SPRINGS ST., SUITE 550
City-St-Zip: ATLANTA, GA 30309

Title: VT () Delete
Name: STEIN, RONALD J
Address: 1100 SPRINGS ST., SUITE 550
City-St-Zip: ATLANTA, GA 30309

Title: V () Delete
Name: CURRY, S. KEVIN
Address: 1100 SPRING ST, SUITE 550
City-St-Zip: ATLANTA, GA 30309

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

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM J. DAWKINS

MGR

01/09/2007

Electronic Signature of Signing Officer or Director

Date