


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 07, 2008 8:00 am
Secretary of State

07-07-2008 90003 022 ****61.25

DOCUMENT # F00000000448		
1. Entity Name CROWING ROOSTER ARTS, INC.		
Principal Place of Business 100 LAFAYETTE STREET, #602 NEW YORK, NY 10013		Mailing Address 100 LAFAYETTE STREET, #602 NEW YORK, NY 10013
DO NOT WRITE IN THIS SPACE		
		05082008 No Chg-NP CR2E037 (4/06)
		4. FEI Number 13-3693565
		Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
STEARNS, PETER -- 819 FIFTH ST. MIAMI BEACH, FL 33139		DO NOT WRITE IN THIS SPACE
8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
Filing Fee is \$81.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	D	
NAME	KEAN, KATHERINE	
STREET ADDRESS	PO BOX 1807, CANAL STREET STN	
CITY- ST- ZIP	NEW YORK, NY 10013	
TITLE	D	
NAME	BELLE, DAVID	
STREET ADDRESS	PO BOX 413	
CITY- ST- ZIP	REMSENBURG, NY 11960	
TITLE	D	
NAME	MAYSLES, ALBERT	
STREET ADDRESS	ONE WEST 72ND STREET	
CITY- ST- ZIP	NEW YORK, NY	
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
DO NOT WRITE IN THIS SPACE		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <u>Katherine Kean</u> <u>Katherine Kean</u> <u>5/12/08</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		