

**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 # F0000000448
1. Entity Name
CROWING ROOSTER ARTS, INC.



Principal Place of Business Mailing Address
100 LAFAYETTE STREET, #602 **100 LAFAYETTE STREET, #602**
NEW YORK, NY 10013 **NEW YORK, NY 10013**

DO NOT WRITE IN THIS SPACE



05082008 No Chg-NP CR2E037 (4/06)

4. FEI Number 13-3693565	Applied For 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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEAN, KATHERINE PO BOX 1807, CANAL STREET STN NEW YORK, NY 10013
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELLE, DAVID PO BOX 413 REMSENBURG, NY 11960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAYSLES, ALBERT ONE WEST 72ND STREET NEW YORK, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Katherine Kean Katherine Kean 5/12/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #