

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jun 30, 2009  
Secretary of State**

DOCUMENT# F00000000448

Entity Name: CROWING ROOSTER ARTS, INC.

**Current Principal Place of Business:**

100 LAFAYETTE STREET, #602  
NEW YORK, NY 10013

**New Principal Place of Business:**

**Current Mailing Address:**

100 LAFAYETTE STREET, #602  
NEW YORK, NY 10013

**New Mailing Address:**

FEI Number: 13-3693565      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

STEARNS, PETER  
819 FIFTH ST.  
MIAMI BEACH, FL 33139      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: KEAN, KATHERINE  
Address: PO BOX 1807, CANAL STREET STN  
City-St-Zip: NEW YORK, NY 10013

Title: D      ( ) Delete  
Name: BELLE, DAVID  
Address: PO BOX 413  
City-St-Zip: REMSENBURG, NY 11960

Title: D      ( ) Delete  
Name: MAYSLES, ALBERT  
Address: ONE WEST 72ND STREET  
City-St-Zip: NEW YORK, NY

**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:

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: JOHN J BUCHHEIT

Electronic Signature of Signing Officer or Director

CPA

06/30/2009

\_\_\_\_\_ Date