

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000004544

Entity Name: CALYPSO ST BARTH, INC.

FILED  
Jun 25, 2009  
Secretary of State

## Current Principal Place of Business:

247 WORTH AVENUE  
SUITE B  
PALM BEACH, FL 33480

## New Principal Place of Business:

## Current Mailing Address:

33-02 SKILLMAN AVENUE  
5TH FLOOR  
LONG ISLAND CITY, NY 11101

## New Mailing Address:

FEI Number: 13-3812582

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CALYPSO  
247 WORTH AVENUE  
SUITE B  
PALM BEACH, FL 33480 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CFO ( ) Delete  
Name: GOLDSTEIN, BRAD  
Address: 3302 SKILLMAN AVE  
City-St-Zip: LONG ISLAND CITY, NY 11101

Title: PTD ( ) Delete  
Name: ASHBY, MOLLY  
Address: 625 MADISON AVE, 3RD FL  
City-St-Zip: NEW YORK, NY 10022

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DIR (X) Change ( ) Addition  
Name: ASHBY, MOLLY  
Address: 625 MADISON AVE, 3RD FL  
City-St-Zip: NEW YORK, NY 10022

Title: VP ( ) Change (X) Addition  
Name: CATCHPOLE, ALISON  
Address: 625 MADISON AVE, 3RD FL  
City-St-Zip: NEW YORK, NY 10022

Title: VP ( ) Change (X) Addition  
Name: MURPHY, BRIAN  
Address: 625 MADISON AVE, 3RD FL  
City-St-Zip: NEW YORK, NY 10022

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

SIGNATURE: BRAD GOLDSTEIN

CFO

06/25/2009

Electronic Signature of Signing Officer or Director

Date