


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90129 021 ***150.00

| | | | | | |
|--|---|--|--|---|--|
| DOCUMENT # F03000001030 1. Entity Name COLORTYME, INC. | | | |  | |
| Principal Place of Business 5700 TENNYSON PKWY STE. 180 PLANO, TX 75024 | | | Mailing Address 5700 TENNYSON PKWY STE. 180 PLANO, TX 75024 | | |
| 2. Principal Place of Business - No P.O. Box # 5501 Headquarters Drive | | 3. Mailing Address 5501 Headquarters Drive | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State Plano | | City & State Plano | | 4. FEI Number 75-2651408 | |
| Zip 75024 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 | | | 7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____ | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD# SPEESE, MARK 5700 TENNYSON PKWY STE. 180 PLANO, TX 75024 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP SPEESE, MARK 5501 Headquarters Dr. Plano, TX 75024 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD FADEL, MITCHELL 5700 TENNYSON PKWY STE. 180 PLANO, TX 75024 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP FADEL, MITCHELL 5501 Headquarters Dr Plano, TX 75024 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CP BLOOM, ROBERT 5700 TENNYSON PKWY, STE 180 PLANO, TX 75024 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | CP BLOOM, ROBERT 5501 Headquarters Dr Plano, TX 75024 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S KORST, CHRISTOPHER 5700 TENNYSON PKWY STE. 180 PLANO, TX 75024 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S DEMOS, RONALD 5501 Headquarters Dr. Plano, TX 75024 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T DAVIS, ROBERT 5700 TENNYSON PKWY STE. 180 PLANO, TX 75024 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T DAVIS, ROBERT 5501 Headquarters Dr. Plano, TX 75024 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS WOLVERTON, DAWN 5700 TENNYSON PKWY 3RD FLOOR PLANO, TX 75024 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V CORDON, RICARDO 5501 Headquarters Dr Plano, TX 75024 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 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 607, 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | RICARDO CORDON, VP TAX <small>Date</small> | | |
| | | | 4/15/08 <small>Daytime Phone #</small> | | |
| | | | 972-801-1312 | | |