

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2008 8:00 am
Secretary of State

02-13-2008 90021 029 ***150.00

DOCUMENT # F04000005423

1. Entity Name

AFFILIATE PROGRAMS, INC.



Principal Place of Business

17011 BEACH BLVD, STE 1240
HUNTINGTON BEACH CA 92647

Mailing Address

17011 BEACH BLVD, STE 1240
HUNTINGTON BEACH CA 92647



2. Principal Place of Business - No P.O. Box #

32 Discovery

Suite, Apt. #, etc.

Suite 270

City & State

Irvine, CA

Zip

92618

Country

USA

3. Mailing Address

32 Discovery

Suite, Apt. #, etc.

Suite 270

City & State

Irvine, CA

Zip

92618

Country

USA

1st MOORE

CR2E034 (10/07)

4. FEI Number

81-0567848

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FABIANO, LOUIS
14361 CHINESE ELM DRIVE
ORLANDO FL 32828

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE CT ☐ Delete
NAME JOLLY, WARREN
STREET ADDRESS 3540 W SAHARA AVE STE. 726
CITY-ST-ZIP LAS VEGAS NV 89102

TITLE P ☐ Delete
NAME FABIANO, LOUIS
STREET ADDRESS 14361 CHINESE ELM DRIVE
CITY-ST-ZIP ORLANDO FL 32828

TITLE S ☒ Delete
NAME LAHOTI, RAJ
STREET ADDRESS 1765 GARNET AVE, #71
CITY-ST-ZIP SAN DIEGO CA 92109

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Warren Jolly

2/4/08

(714) 596-9000

Daytime Phone #

x 3000