

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000002653

FILED
Feb 18, 2009
Secretary of State

Entity Name: EVENT 360, INC.

Current Principal Place of Business:

205 N. MICHIGAN AVENUE
SUITE 2640
CHICAGO, IL 60601

New Principal Place of Business:

Current Mailing Address:

205 N. MICHIGAN AVENUE
SUITE 2640
CHICAGO, IL 60601

New Mailing Address:

FEI Number: 22-3887371 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 E. PARK AVE.
TALLAHASSEE, FL 32301 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PC () Delete
Name: SHUCK, JEFFREY
Address: 2827 LAKE SHORE DRIVE
City-St-Zip: LONG BEACH, IN 46360

Title: VPVC () Delete
Name: BROCKMAN, TIMOTHY
Address: 10648 CLARKEVILLE WAY
City-St-Zip: PARKER, CO 80134

Title: SD () Delete
Name: MURPHY, MICHAEL
Address: 30808 GILMOUR ROAD
City-St-Zip: CASTIAC, CA

Title: CFO () Delete
Name: WYZKIEWICZ, LYNN
Address: 205 N. MICHIGAN AVENUE, SUITE 2640
City-St-Zip: CHICAGO, IL 60601

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:

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

SIGNATURE: LYNN WYZKIEWICZ

CFO

02/18/2009

Electronic Signature of Signing Officer or Director

_____ Date