2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005602

FILED Jan 03, 2008 Secretary of State

Entity Name: SOCIETY FOR CREATIVE ANACHRONISM INCORPORATED

Current Principal Place of Business: New Principal Place of Business: 1759 S MAIN ST STE 108 MILIPITAS, CA 95035 **Current Mailing Address: New Mailing Address:** P.O.BOX 360789 P.O.BOX 360789 MILPITAS, CA 95035 MILPITAS, CA 95036 FEI Number: 94-1698556 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition WILLIAMS, JASON SIMON, HAL Name: Name: 1759 S MAIN ST STE 108 Address: 1759 S MAIN ST STE 108 Address: City-St-Zip: MILIPITAS, CA 95035 City-St-Zip: MILIPITAS, CA 95035 Title: VC () Delete Title: () Change () Addition BROWN, JEFF Name: Name: Address: 1759 S MAIN ST STE 108 Address: City-St-Zip: MILIPITAS, CA 95035 City-St-Zip: Title: () Delete Title: (X) Change () Addition SIMON, HAL LLOYD, AARON Name: Name: 1759 S MAIN ST STE 108 Address: 1759 S MAIN ST STE 108 Address: City-St-Zip: MILIPITAS, CA 95035 City-St-Zip: MILIPITAS, CA 95035 Title: () Delete Title: () Change () Addition Name: ENGLISH, HEATHER Name: Address: 1759 S MAIN ST STE 108 Address: City-St-Zip: MILIPITAS, CA 95035 City-St-Zip: Title: () Delete Title: () Change () Addition ANDERSON, PATRICK Name: Name: 1759 S MAIN ST STE 108 Address: Address: City-St-Zip: MILIPITAS, CA 95035 City-St-Zip: Title: () Delete Title: () Change () Addition REED GEORGE Name: Name: Address: 1759 S MAIN ST STE 108 Address: MILIPITAS, CA 95035 City-St-Zip: 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: RENEE SIGNOROTTI SEC 01/03/2008