


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F07000006153</b> 1. Entity Name ENTERPRISE ACQUISITION CORP.	
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Principal Place of Business 6800 BROKEN SOUND PARKWAY BOCA RATON, FL 33487	Mailing Address 6800 BROKEN SOUND PARKWAY BOCA RATON, FL 33487
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04142008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 33-1171386	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  CT CORPORATION SYSTEM 1200 S PINE ISLAND ROAD PLANTATION, FL 33324
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**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE	CT
NAME	BELL, MARC H
STREET ADDRESS	6800 BROKEN SOUND PARKWAY
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	VC
NAME	PAPERIN, STEWART J
STREET ADDRESS	6800 BROKEN SOUND PARKWAY
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	D
NAME	STEINER, RICHARD
STREET ADDRESS	6800 BROKEN SOUND PARKWAY
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	D
NAME	ZIMMERMAN, JORDAN
STREET ADDRESS	6800 BROKEN SOUND PARKWAY
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	PD
NAME	STATON, DANIEL C CEO
STREET ADDRESS	6800 BROKEN SOUND PARKWAY
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	S
NAME	STATON, MARIA BALODIMA
STREET ADDRESS	6800 BROKEN SOUND PARKWAY
CITY-ST-ZIP	BOCA RATON, FL 33487

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05/20/08-80001-022 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:  4/17/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #