

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000001866

Entity Name: RALLYDOMAINS.COM INC.

FILED  
Mar 03, 2010  
Secretary of State

**Current Principal Place of Business:**

20 SW 27TH AVE., SUITE 201  
POMPANO BCH, FL 33069

**New Principal Place of Business:**

**Current Mailing Address:**

20 SW 27TH AVE., SUITE 201  
POMPANO BCH, FL 33069

**New Mailing Address:**

515 S. FLOWER ST., 44TH FLOOR  
LOS ANGELES, CA 90071

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

REGISTERED AGENT SOLUTIONS, INC.  
155 OFFICE PLAZA DR., SUITE A  
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: C  
Name: KUPIETZKY, JEFF  
Address: 515 S. FLOWER ST., SUITE 4400  
City-St-Zip: LOS ANGELES, CA 90071

Title: VCP  
Name: CAHN, MONTE  
Address: 20 SW 27TH AVE., SUITE 201  
City-St-Zip: POMPANO BCH, FL 33069

Title: DVS  
Name: GREENE, TODD  
Address: 515 S. FLOWER ST., SUITE 4400  
City-St-Zip: LOS ANGELES, CA 90071

Title: DT  
Name: MURRAY, ELIZABETH  
Address: 515 S. FLOWER ST., SUITE 4400  
City-St-Zip: LOS ANGELES, CA 90071

I hereby 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 all other like empowered.

SIGNATURE: TODD GREENE

SEC

03/03/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date