


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90139 020 \*\*\*150.00

**DOCUMENT # F97000004268**

1. Entity Name  
 THE JOHNNY ROCKETS GROUP, INC.



Principal Place of Business  
 25550 COMMERCENTRE  
 SUITE 200  
 LAKE FOREST, CA 92630

Mailing Address  
 25550 COMMERCE CENTRE  
 SUITE 200  
 LAKE FOREST, CA 92630

40093331



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

04302008 Chg-P CR2E034 (12/06)

City & State  
 Zip Country

4. FEI Number  
 95-4549800

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 NRAI SERVICES, INC.  
 2731 EXECUTIVE PARK DRIVE  
 SUITE 4  
 WESTON, FL 33331

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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	CD	<input checked="" type="checkbox"/> Delete
NAME	SHUMSKY, MICHAEL R	
STREET ADDRESS	25550COMMERCENTRE DR # 200	
CITY-ST-ZIP	LAKE FOREST, CA 92630	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	POLLACK, BRUCE	
STREET ADDRESS	30 ROCKER FELLAR PLAZA STE 5050	
CITY-ST-ZIP	NEWYORK, NY 10020	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HALPERN, JOHN	
STREET ADDRESS	500 BOYLSTON ST STE 1880	
CITY-ST-ZIP	BOSTON, MA 021163740	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TEITLEBAUM, JILL	
STREET ADDRESS	801 S FIGUERON ST.	
CITY-ST-ZIP	LOS ANGELES, CA 90012	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FRIEDMAN, RICHARD	
STREET ADDRESS	20 UNIVERSITY ROAD	
CITY-ST-ZIP	CAMBRIDGE, MA	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JENNINGS, MARK	
STREET ADDRESS	551 FIFTH AVE 31ST FLOOR	
CITY-ST-ZIP	NEWYORK, NY 10176	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEO/PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEE SANDERS	
STREET ADDRESS	25550 COMMERCENTRE DR STE 200	
CITY-ST-ZIP	LAKE FOREST CA 92630-8893	
TITLE	CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN FULLER	
STREET ADDRESS	25550 COMMERCENTRE DR STE 200	
CITY-ST-ZIP	LAKE FOREST CA 92630-8893	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RENEE ATWOOD	
STREET ADDRESS	25550 COMMERCENTRE DR STE 200	
CITY-ST-ZIP	LAKE FOREST CA 92630-8893	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIEL SNYDER	
STREET ADDRESS	21300 REDSKIN PARK DR	
CITY-ST-ZIP	ASHBURN VA 20147	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DWIGHT SCHAR	
STREET ADDRESS	11700 PLAZA AMERICA DR STE 500	
CITY-ST-ZIP	RESTON VA 20190	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRIS AINLEY	
STREET ADDRESS	1800 TYSONS BLVD STE 550	
CITY-ST-ZIP	MCLEAN VA 22102	

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: \_\_\_\_\_ DATE: 05/01/08 DAYTIME PHONE: 949-643-6100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR