

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000005157

FILED  
Apr 07, 2010  
Secretary of State

Entity Name: THE ACT 1 GROUP, INC.

## Current Principal Place of Business:

1999 W. 190TH STREET  
TORRANCE, CA 90504

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 29048  
GLENDALE, CA 912099048

## New Mailing Address:

FEI Number: 95-3278704

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
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: CP  
Name: HOWROYD, JANICE B  
Address: 1999 W. 190TH STREET  
City-St-Zip: TORRANCE, CA 90504

Title: VCVT  
Name: BRYANT, CARLTON  
Address: 1999 W. 190TH STREET  
City-St-Zip: TORRANCE, CA 90504

Title: S  
Name: BRYANT, TINA  
Address: 1999 W. 190TH STREET  
City-St-Zip: TORRANCE, CA 90504

Title: P  
Name: HOWROYD, BERNARD  
Address: 327 W. BROADWAY  
City-St-Zip: GLENDALE, CA 91204

Title: VP  
Name: HOYAL, MICHAEL A  
Address: 327 W. BROADWAY  
City-St-Zip: GLENDALE, CA 91204

Title: D  
Name: BRYANT, PATRICIA  
Address: 1999 W. 190TH STREET  
City-St-Zip: TORRANCE, CA 90504

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: MICHAEL A. HOYAL

VP

04/07/2010

Electronic Signature of Signing Officer or Director

Date