

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L26892

**FILED**  
**Apr 05, 2012**  
**Secretary of State**

**Entity Name:** ARTISTOCRAT ENTERTAINMENT, INC.

**Current Principal Place of Business:**

601 DEL PRADO BLVD N #12  
CAPE CORAL, FL 33909 US

**New Principal Place of Business:**

**Current Mailing Address:**

601 DEL PRADO BLVD N #12  
CAPE CORAL, FL 33909 US

**New Mailing Address:**

**FEI Number:** 65-0149496

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

PETRUCCI, LEE PRES  
1339 NW 3RD TERR  
CAPE CORAL, FL 33993 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

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: PETRUCCI, LEE  
Address: 1339 NW 3RD TERR  
City-St-Zip: CAPE CORAL, FL 33993 US

Title: DS  
Name: LOCKE, LORI  
Address: 1339 NW 3RD TERR  
City-St-Zip: CAPE CORAL, FL 33993 US

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: LEE PETRUCCI

PRES

04/05/2012

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

\_\_\_\_\_  
Date