

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# M24018

FILED
Nov 15, 2007
Secretary of State**Entity Name:** NEW FRONTIER ENTERTAINMENT, INC.**Current Principal Place of Business:**2455 E. SUNRISE BLVD.
SUITE 905
FT. LAUDERDALE, FL 33304 US**New Principal Place of Business:****Current Mailing Address:**PO BOX 38
JAMESTOWN, RI 02835 US**New Mailing Address:**PO BOX 2823
PALOS VERDES PENINSULA, CA 90274 US**FEI Number:** 59-2612949**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**GREENE, RICHARD P. ESQ.
2455 E SUNRISE BLVD
STE 905
FT. LAUDERDALE, FL 33304 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:** PSD () Delete
Name: PECCHIA, DONALD M.,
Address: 2455 E. SUNRISE BLVD., STE 905
City-St-Zip: FORT LAUDERDALE, FL 33304**Title:** D () Delete
Name: GREENE, RICHARD P ESQ.
Address: 2455 E SUNRISE BLVD., STE 905
City-St-Zip: FT LAUDERDALE, FL 33304**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DONALD M. PECCHIA

PRES

11/15/2007

Electronic Signature of Signing Officer or Director_____
Date