

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000756

FILED  
Jan 28, 2008  
Secretary of State

Entity Name: EQUINOX DOCUMENTARIES, INC.

**Current Principal Place of Business:**

1503 ROBIN RD.  
ORLANDO, FL 32803

**New Principal Place of Business:**

**Current Mailing Address:**

1503 ROBIN RD.  
ORLANDO, FL 32803

**New Mailing Address:**

FEI Number: 03-0379233

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BELLEVILLE, WILLIAM  
120 W. 18TH STREET  
SANFORD, FL 32771 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: D ( ) Delete  
Name: HENDERSON, CLAY  
Address: 1016 SOUTH RIVERSIDE DR.  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D ( ) Delete  
Name: POOLE, LESLIE  
Address: 1671 SUMMERLAND AVE.  
City-St-Zip: WINTER PARK, FL 32789

Title: D ( ) Delete  
Name: HANNA, LEE  
Address: 13570 MANDARIN ROAD  
City-St-Zip: JACKSONVILLE, FL 32223

Title: PD ( ) Delete  
Name: GIGUERE, ROBERT  
Address: 1503 ROBIN RD.  
City-St-Zip: ORLANDO, FL 32803

Title: VD ( ) Delete  
Name: BELLEVILLE, WILLIAM  
Address: 120 W. 18TH STREET  
City-St-Zip: SANFORD, FL 32771

Title: DS ( ) Delete  
Name: SOPP, TERESA  
Address: 96372 ABACO ISLAND DRIVE  
City-St-Zip: FERNANDINA BEACH, FL 32034-11 24

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT GIGUERE

PD

01/28/2008

Electronic Signature of Signing Officer or Director

Date