

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000756

FILED
Feb 20, 2011
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: TD
Name: DREISBACH, BRIAN
Address: 2416 W. CHICAGO AVE
City-St-Zip: TAMPA, FL 33629

Title: D
Name: STRICKLAND, DAVID
Address: 501 RIVERSIDE AVE..
City-St-Zip: JACKSONVILLE, FL 32202

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

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

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

Title: D
Name: NEWMAN, REBECCA
Address: 712 TEAL AVE
City-St-Zip: CELEBRATION, FL 34747

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

SIGNATURE: ROBERT GIGUERE

PD

02/20/2011

Electronic Signature of Signing Officer or Director

Date