

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008472

FILED
Apr 15, 2008
Secretary of State

Entity Name: PHARCYDE ENTERTAINMENT, INC.

Current Principal Place of Business:

6354 ARLINGTON RD.
JACKSONVILLE, FL 32211

New Principal Place of Business:

Current Mailing Address:

6354 ARLINGTON RD.
JACKSONVILLE, FL 32211

New Mailing Address:

FEI Number: 81-0581037

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEDERS, ISIAH
6354 ARLINGTON RD.
JACKSONVILLE, FL 32211 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: RILEY, MARSHA N
Address: 1921 WINDSWEPT OAK LN.
City-St-Zip: FEERNANDINA BEACH, FL 32034

Title: D () Delete
Name: FRAZIER, SCOTT
Address: 6400 MAIN ST. APT. 7E
City-St-Zip: COLUMBUS, GA 31909

Title: D () Delete
Name: SCALISE, JIM
Address: 409 SARAH TOWERS RD
City-St-Zip: JACKSONVILLE, FL 32254

Title: D () Delete
Name: GARBARINI, SHERRY
Address: 2175 CUMBERLAND CT
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: SP () Delete
Name: MEDERS, ISIAH
Address: 6354 ARLINGTON RD.
City-St-Zip: JACKSONVILLE, FL 32211

Title: VT (X) Delete
Name: PECK, LESLIE
Address: 6354 ARLINGTON RD.
City-St-Zip: JACKSONVILLE, FL 32211

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: BRITO, ANGIE
Address: 6354 ARLINGTON RD
City-St-Zip: JACKSONVILLE, FL 32211

Title: D (X) Change () Addition
Name: PRICE, MICHAEL
Address: 6354 ARLINGTON RD
City-St-Zip: JACKSONVILLE, FL 32211

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: ISIAH MEDERS

P

04/15/2008

Electronic Signature of Signing Officer or Director

Date