

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90159 044 \*\*\*\*61.25

**DOCUMENT # N02849**

1. Entity Name  
**ARTSFUSION, INC.**



Principal Place of Business

**120 ADRIATIC AVENUE  
C/O ANNA BRENNEN  
TAMPA, FL 33606 US**

Mailing Address

**120 ADRIATIC AVENUE  
C/O ANNA BRENNEN  
TAMPA, FL 33606 US**

**DO NOT WRITE IN THIS SPACE**



04152008 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
**59-2463940**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**SZABO, STEPHEN J III  
100 N. TAMPA ST., STE. 2700  
TAMPA, FL 33602**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PDST  
BRENNEN, ANNA  
120 ADRIATIC AVENUE  
TAMPA, FL 33606**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
SZABO, STEPHEN J III  
100 N. TAMPA ST., STE. 2700  
TAMPA, FL 33602**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**T  
HANNA, KIM  
3925 WEST BAY VIEW AVE.  
TAMPA, FL 33611**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ANNA BRENNEN**

**4/16/2008**

Date

**813-251-8984**

Daytime Phone #