

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007605

FILED  
Feb 23, 2009  
Secretary of State

Entity Name: H2W ENTERTAINMENT GROUP, INC.

**Current Principal Place of Business:**

3956 TOWN CENTER BOULEVARD  
SUITE 278  
ORLANDO, FL 32837

**New Principal Place of Business:**

**Current Mailing Address:**

3956 TOWN CENTER BOULEVARD  
SUITE 278  
ORLANDO, FL 32837

**New Mailing Address:**

FEI Number: 34-2011709

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FLIPPO, MICHAEL R  
2900 PINERIDGE CIRCLE  
KISSIMMEE, FL 34746 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: P ( ) Delete  
Name: SMITH, JEFFREY  
Address: 2874 E. IRLO BRONSON MEM  
City-St-Zip: KISSIMMEE, FL 34744

Title: VP ( ) Delete  
Name: SMITH, JANIS K  
Address: 4241 KISSIMMEE PARK ROAD  
City-St-Zip: SAINT CLOUD, FL 34772

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

SIGNATURE: JEFFREY SMITH

PD

02/23/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date