

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012399

FILED
Apr 29, 2008
Secretary of State

Entity Name: IMAGINATION ROOM MULTIMEDIA, INC.

Current Principal Place of Business:

1320 LAKE AVE SUITE 208
TALLAHASSEE, FL 32310

New Principal Place of Business:

Current Mailing Address:

1320 LAKE AVE SUITE 208
TALLAHASSEE, FL 32310

New Mailing Address:

FEI Number: 20-8086557

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MYERS, ARON
1320 LAKE AVE SUITE 208
TALLAHASSEE, FL 32310 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: CUMBO, CRYSTAL
Address: 1917 MAYMEADOW LANE
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: SMITH, WILLIAM D
Address: 109 ATLANTIC AVE #3
City-St-Zip: BROOKLYN, NY 11201

Title: D () Delete
Name: WILLIAMS, PAM
Address: 115 RIVERSIDE COURT
City-St-Zip: DOUGLASVILLE, GA 30134

Title: P () Delete
Name: MYERS, ARON
Address: 1320 LAKE AVE SUITE 208
City-St-Zip: TALLAHASSEE, FL 32310

Title: V () Delete
Name: VILLINES, VICKIE
Address: 834 LONGBRANCH LANE
City-St-Zip: DOUGLASVILLE, GA 30134

Title: S () Delete
Name: KANTROWITZ, DANA
Address: 304 SE 3RD TERR
City-St-Zip: DANIA BEACH, FL 33004

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
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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: ARON MYERS

MR

04/29/2008

Electronic Signature of Signing Officer or Director

Date