

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003778

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: DLW ENTERTAINMENT, INC.

**Current Principal Place of Business:**

435 NW 14TH TERRACE  
FT LAUDERDALE, FL 33311

**New Principal Place of Business:**

**Current Mailing Address:**

435 NW 14TH TERRACE  
FT LAUDERDALE, FL 33311

**New Mailing Address:**

FEI Number: 26-0485759

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WARING, DAVID  
435 NW 14TH TERRACE  
FT LAUDERDALE, FL 33311 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: DT ( ) Delete  
Name: WARING, DAVID  
Address: 435 NW 14TH TERRACE  
City-St-Zip: FT LAUDERDALE, FL 33311

Title: P ( ) Delete  
Name: WARING, LYDIA  
Address: 435 NW 14TH TERRACE  
City-St-Zip: FT LAUDERDALE, FL 33311

Title: C ( ) Delete  
Name: SEABROOK, IZETTA  
Address: 2649 MARSH CREEK DR  
City-St-Zip: CHARLESTON, SC 29414

Title: S ( ) Delete  
Name: ROSS, JAQUETTA  
Address: 1450 N SHERWOOD DR  
City-St-Zip: CHARLESTON, SC 29407

**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  
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: DAVID WARING

DT

04/27/2009

Electronic Signature of Signing Officer or Director

Date