

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002552

FILED  
Feb 24, 2009  
Secretary of State

Entity Name: CONNXIONS, INC.

## Current Principal Place of Business:

405 S. DALE MABRY, STE. 257  
TAMPA, FL 33609

## New Principal Place of Business:

## Current Mailing Address:

405 S. DALE MABRY, STE. 257  
TAMPA, FL 33609

## New Mailing Address:

FEI Number: 26-3002007

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BLACK, LANCE  
405 S. DALE MABRY, STE. 257  
TAMPA, FL 33609 US

## Name and Address of New Registered Agent:

BECKER, LEANN M  
405 S. DALE MABRY, STE. 257  
TAMPA, FL 33609 US

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: LEANN M BECKER

02/24/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: HACK, BOBBY  
Address: 405 S. DALE MABRY, STE. 257  
City-St-Zip: TAMPA, FL 33609

Title: S ( ) Delete  
Name: 4 PLAY ENTERTAINMENT, , LLC  
Address: 405 S. DALE MABRY, STE. 257  
City-St-Zip: TAMPA, FL 33609

Title: DT ( ) Delete  
Name: BLACK, LANCE  
Address: 405 S. DALE MABRY, STE. 257  
City-St-Zip: TAMPA, FL 33609

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DT (X) Change ( ) Addition  
Name: BECKER, LEANN M  
Address: 405 S. DALE MABRY, STE. 257  
City-St-Zip: TAMPA, FL 33609

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: BOBBY HACK

P

02/24/2009

Electronic Signature of Signing Officer or Director

Date