## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N08000003704

Entity Name: AUTHENTIC EXPOSURE INC.

FILED Apr 22, 2010 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

15 SPARROW PATH CRAWFORDVILLE, FL 32327

Current Mailing Address: New Mailing Address:

15 SPARROW PATH CRAWFORDVILLE, FL 32327

FEI Number: 37-1564595 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

BLACK, APRIL S 15 SPARROW PATH CRAWFORDVILLE, FL 32327 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:

Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:** 

Title: P

Name: BLACK, APRIL S Address: 15 SPARROW PATH

City-St-Zip: CRAWFORDVILLE, FL 32327 WA

Title: V

Name: BLACK, JASON T Address: 15 SPARROW PATH

City-St-Zip: CRAWFORDVILLE, FL 32327

Title:

Name: PARRAMORE, JACKIE
Address: 3423 NORTH RIDGE ROAD
City-St-Zip: TALLAHASSEE, FL 32305 LE

Title: C

Name: POTTER, MONIQUE Address: 39 STARLING TRACE

City-St-Zip: CRAWFORDVILLE, FL 32327 WA

Title: 5

 Name:
 SCHELL, LINDA D

 Address:
 9727 SAPPINGTON AVE.

 City-St-Zip:
 JACKSONVILLE, FL 32218 DU

Title: O

Name: LEE, ERIC

Address: 1824 PROSPECT ST.

City-St-Zip: JACKSONVILLE, FL 32218 DU

I hereby 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 all other like empowered.

SIGNATURE: APRIL BLACK P 04/22/2010