

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12539

FILED
Feb 19, 2009
Secretary of State

Entity Name: MICHELEE PUPPETS, INC.

Current Principal Place of Business:

3655 MAGUIRE BLVD.
SUITE 130
ORLANDO, FL 32803 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 574704
ORLANDO, FL 328574704 US

New Mailing Address:

FEI Number: 59-2616456

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRACEY M. CONNER
4447 REAL CT.
ORLANDO, FL 32808 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: CONNER, TRACEY M E.D.
Address: 4447 REAL CT.
City-St-Zip: ORLANDO, FL 32808 US

Title: D () Delete
Name: WILLIAMS, DAN
Address: 7200 MONETARY RD.
City-St-Zip: ORLANDO, FL 32809

Title: S/D () Delete
Name: FINDELL, SUSIE
Address: 200 S ORANGE AVE
City-St-Zip: ORLANDO, FL 32801

Title: D () Delete
Name: MURPHY, JOHN
Address: 6100 LAKE ELLENOR DR
City-St-Zip: ORLANDO, FL 32809

Title: T/D () Delete
Name: MCCRIMMON, MICHELLE
Address: 390 N ORANGE AVE., STE. 1700
City-St-Zip: ORLANDO, FL 32801

Title: P/D () Delete
Name: CASE, ROBERT L
Address: 200 S. ORANGE AVENUE
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D/S (X) Change () Addition
Name: LEQUANG, GLORIA
Address: 301 E PINE ST, SUITE 900
City-St-Zip: ORLANDO, FL 32801

Title: D/VP (X) Change () Addition
Name: FINDELL, SUSIE
Address: 200 S ORANGE AVE
City-St-Zip: ORLANDO, FL 32801

Title: D (X) Change () Addition
Name: BLACK, SUSAN
Address: 2809 N ORANGE AVE
City-St-Zip: ORLANDO, FL 32804

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: TRACEY M. CONNER

E.D.

02/19/2009

Electronic Signature of Signing Officer or Director

Date