2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N96000002014

Entity Name: ENTERTAINMENT REVUE, INC.

Current Principal Place of Business:

2620 PARKVIEW
TAMPA, FL 33629

New Principal Place of Business:

Current Mailing Address:

2620 PARKVIEW
TAMPA, FL 33629

New Mailing Address:

FEI Number: 59-3522129 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STEVENS, CYNTHIA
2620 PARK VIEW AVENUE
TAMPA, FL 33629 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: STEVENS, CYNTHIA
Address: 2620 PARK VIEW AVENUE
City-St-Zip: TAMPA, FL 33629

Title: D ( ) Delete
Name: GRIES, ROBERT D JR.
Address: 2620 PARK VIEW AVENUE
City-St-Zip: TAMPA, FL 33629

Title: D ( ) Delete
Name: FISS, HERB JR.
Address: 15310 AMBERLY DRIVE, STE. 250
City-St-Zip: TAMPA, FL 33647

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:

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: CYNTHIA STEVENS PRES 04/15/2009

Electronic Signature of Signing Officer or Director — Date