

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000016605

**FILED**  
**Jan 31, 2007**  
**Secretary of State**

**Entity Name:** FRESH IDEAS ENTERTAINMENT, INC.

**Current Principal Place of Business:**

WALT DISNEY WORLD  
PO BOX 10000  
LAKE BUENA VISTA, FL 32830

**New Principal Place of Business:**

WALT DISNEY WORLD  
3030 MAINGATE LANE  
LAKE BUENA VISTA, FL 32830

**Current Mailing Address:**

560 LOTUS LANE  
SIERRA MADRE, CA 91024

**New Mailing Address:**

**FEI Number:** 59-3628423

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DAVIS, MIKE J  
5912 VALERIAN BLVD  
ORLANDO, FL 32819 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P ( ) Delete  
**Name:** JONES, CHARLES II  
**Address:** 560 LOTUS LANE  
**City-St-Zip:** SIERRA MADRE, CA 91024

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** CHARLES JONES II

P

01/31/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date