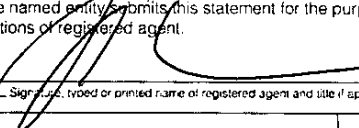
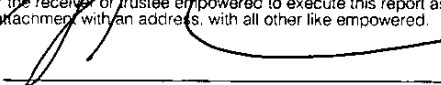


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 01, 2008 8:00 am
Secretary of State

08-01-2008 90039 008 ***550.00

DOCUMENT # P00000026591 1. Entity Name ELITE SCREEN COMPANY																													
Principal Place of Business 2994 EAST MERION WESTON, FL 33332 US			Mailing Address 2994 EAST MERION WESTON, FL 33332 US																										
2. Principal Place of Business - No P.O. Box # 5227 N. Nob Hill Rd.			3. Mailing Address 5227 N. Nob Hill Road																										
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 																										
City & State Sunrise FL			City & State Sunrise FL																										
Zip 33351			Zip 33351																										
Country Broward			Country Broward																										
6. Name and Address of Current Registered Agent MORGAN, RUSS B 2994 EAST MERION WESTON, FL 33332			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																										
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  <div style="float: right; text-align: right;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> DATE </div>																													
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																											
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">PST</td> <td style="width: 30%; text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MORGAN, RUSS B</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2994 EAST MERION</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>WESTON, FL 33332</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">Russ Morgan President</td> <td style="width: 30%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1112 Weston Rd #157</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Weston FL 33326</td> <td></td> </tr> </table> </div> </div>						TITLE	PST	<input checked="" type="checkbox"/> Delete	NAME	MORGAN, RUSS B		STREET ADDRESS	2994 EAST MERION		CITY-ST-ZIP	WESTON, FL 33332		TITLE	Russ Morgan President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS	1112 Weston Rd #157		CITY-ST-ZIP	Weston FL 33326	
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CITY-ST-ZIP	Weston FL 33326																												
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																													
SIGNATURE:  <div style="float: right; text-align: right;"> Date _____ Daytime Phone # _____ </div>																													

40112593



07222008 Chg-P CR2E034 (12/06)

4. FEI Number
65-0999219

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required