2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Jan 20, 2006 08:00 AM Secretary of State DOCUMENT # P01000040564 1. Entity Name REEL CONTENT, INC. Principal Place of Business Mailing Address 3355 EUNICE ROAD 3355 EUNICE ROAD JACKSONVILLE BEACH FL 32250 JACKSONVILLE BEACH FL 32250 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. if, etc. 1st MOORE CR2E034 (10/05) Applied For City & State City & State 4. FEI Number 59-3713821 Not Applicat Country $Z/\mathcal{O}$ Country \$8.75 Additional $\Box$ 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WANSOR, JEFFREY D Street Address (P.O. Box Number is Not Acceptable) 3355 EUNICE ROAD JACKSONVILLE BEACH FL 32250 Zip Code City 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 access the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE Registered Agent signature required when reinstalling) FILE NOW!!! FEE IS \$150.00 \$5.00 May [ After May 1, 2006 Fee Will Se \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change All All All TITLE ☐ Ωelete TITLE WANSOR, JEFFREY D NAME NAME UQQQQQ391367 24706-80037-019 150.00 STREET ADDRESS 3355 EUNICE ROAD STREET ADDRESS JACKSONVILLE BEACH FL 32250 CITY-ST-7/P CITY-ST-ZIF ☐ Change □ Aller TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$1-ZIP CITY-ST-ZIP TITO E Change □ A ... Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DITY-ST-ZIP ☐ Delete Change □ Aid NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Oelete Change nn F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-2IP TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 path; that I am an officer or direct 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 if changed, or on an attachment with an address, with all other like empowered.

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

(204)223-56