

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000094654

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: FNY, INC.

## Current Principal Place of Business:

15655 VILLORESI WAY  
NAPLES, FL 34110

## New Principal Place of Business:

2605 NE 13TH COURT  
FT LAUDERDALE, FL 33304

## Current Mailing Address:

15655 VILLORESI WAY  
NAPLES, FL 34110

## New Mailing Address:

2605 NE 13TH COURT  
FT LAUDERDALE, FL 33304

FEI Number: 59-3747378

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

THOMAS E & KRISTINA MELANCON  
15655 VILLORESI WAY  
NAPLES, FL 34110 US

## Name and Address of New Registered Agent:

THOMAS E MELANCON  
2605 NE 13TH COURT  
FT LAUDERDALE, FL 33304 US

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: THOMAS E MELANCON

04/27/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MELANCON, THOMAS E  
Address: 15655 VILLORESI WAY  
City-St-Zip: NAPLES, FL 34110

Title: VP ( ) Delete  
Name: MELANCON, KRISTINA  
Address: 15655 VILLORESI WAY  
City-St-Zip: NAPLES, FL 34110

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MELANCON, THOMAS E  
Address: 2605 NE 13TH COURT  
City-St-Zip: FT LAUDERDALE, FL 33304

Title: VP (X) Change ( ) Addition  
Name: MELANCON, KRISTINA  
Address: 2605 NE 13TH COURT  
City-St-Zip: FT LAUDERDALE, FL 33304

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS E MELANCON

PRES

04/27/2009

Electronic Signature of Signing Officer or Director

Date