

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2008 8:00 am**  
**Secretary of State**

01-18-2008 90005 044 \*\*\*150.00

**DOCUMENT # P02000068159**

1. Entity Name  
**MEDIEVAL TIMES FLORIDA, INC.**



Principal Place of Business  
**4510 WEST TRLD BRONSON MEMORIAL HWY  
KISSIMMEE, FL 34746**

Mailing Address  
**4510 WEST TRLD BRONSON MEMORIAL HWY  
KISSIMMEE, FL 34746**

**40003331**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01072008 Chg-P CR2E034 (12/06)

4. FEI Number

**01-0744509**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CHIUSOLO, ERIC  
4510 WEST TRLD BRONSON MEMORIAL HWY  
KISSIMMEE, FL 34746**

7. Name and Address of New Registered Agent

Name **Celeste Lanuza**

Street Address (P.O. Box Number is Not Acceptable)

**4510 W Bronson Memorial Hwy**

City **KISSIMMEE**

FL

Zip Code **34746**

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

*Celeste Lanuza*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**1/11/08**

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME **P KIM, KENNETH H** ☐ Delete  
STREET ADDRESS **7662 BEACH BLVD**  
CITY-ST-ZIP **BUENA PARK, CA 90620**

TITLE  
NAME **S CHIUSOLO, ERIC** ☒ Delete  
STREET ADDRESS **7662 BEACH BLVD**  
CITY-ST-ZIP **BUENA PARK, CA 90620**

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*

**1/11/08**

Date

Daytime Phone #