


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90252 039 ***150.00

DOCUMENT # P02000069620 1. Entity Name UNITY ENTERTAINMENT, INC.			
Principal Place of Business 8149 HOBOH LANE CLERMONT, FL 34714 US		Mailing Address 8149 HOBOH LANE CLERMONT, FL 34714 US	
2. Principal Place of Business - No P.O. Box # 2717 Shearwater St. Suite, Apt. #, etc.		3. Mailing Address 2717 Shearwater St. Suite, Apt. #, etc.	
City & State CLERMONT, FLORIDA Zip 34711 Country US		City & State CLERMONT, FLORIDA Zip 34711 Country US	
4. FEI Number 04-3698517		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILLIAMS, JEFFERY A EX DIR 8149 HOBOH LANE CLERMONT, FL 34714		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2717 Shearwater St. City CLERMONT State FL Zip Code 34711	
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: <u><i>Jeffery Williams</i></u> DATE: <u>04-30-08</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. WILLIAMS, JEFFERY A EX DIR 8149 HOBOH LANE CLERMONT, FL 34714	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2717 Shearwater Street CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MRS. WILLIAMS, HEATHER S DIR 8149 HOBOH LANE CLERMONT, FL 34714	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2717 Shearwater Street CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u><i>Jeffery Williams</i></u>		SIGNATURE: <u><i>Heather S. Williams</i></u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <u>Jeffery Williams</u>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <u>Heather Williams</u>	
Date <u>04-30-08</u>		Daytime Phone # <u>352-404-9500</u> <u>352-267-9860</u>	