

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000074475

FILED  
Apr 11, 2012  
Secretary of State

**Entity Name:** HOME THEATER ROOMS. INC.

**Current Principal Place of Business:**

50 PLAZA DRIVE  
SUITE 105  
PALM COAST, FL 32137

**New Principal Place of Business:**

**Current Mailing Address:**

50 PLAZA DRIVE  
SUITE 105  
PALM COAST, FL 32137

**New Mailing Address:**

**FEI Number:** 61-1420261

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHIUMENTO, MICHAEL D III  
4 OLD KINGS ROAD NORTH  
SUITE B  
PALM COAST, FL 32137 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: ROMERO, PATRICK C  
Address: 319 WELLINGTON DRIVE  
City-St-Zip: PALM COAST, FL 32164

Title: D  
Name: CUYLER, CHRISTOPHER D  
Address: 189 LONDON DRIVE  
City-St-Zip: PALM COAST, FL 32137

Title: D  
Name: GIORDANO, JOSEPH  
Address: 33 FARNUM LN  
City-St-Zip: PLM COAST, FL 32137

I hereby 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 all other like empowered.

SIGNATURE: CHRISTOPHER CUYLER

VP

04/11/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date