

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000104193

1. Entity Name  
CATALYST ENTERTAINMENT, INC.



Principal Place of Business  
737 W COLONIAL DR  
ORLANDO, FL 32804

Mailing Address  
737 W COLONIAL DR  
ORLANDO, FL 32804

FILED

2007 OCT -1 PM 4:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
06-1682780

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SANCHEZ, J A  
737 WEST COLONIAL DRIVE  
ORLANDO, FL 32804

DO NOT WRITE  
IN THIS SPACE

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00  
Due by September 14, 2007

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
O  
SANCHEZ, J  
737 W COLONIAL DR  
ORLANDO, FL 32804

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000110514890  
10/09/07--01010--005 \*\*550.00

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IN THIS SPACE

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

Date

Daytime Phone #

457-  
925-5646