


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State


01-29-2008 90025 045 ***158.75

DOCUMENT # P02000113804	
1. Entity Name HARBORLIGHT ENTERTAINMENT, INC.	

Principal Place of Business 1000 UNIVERSAL STUDIOS PLAZA BLDG 22A ORLANDO, FL 32819	Mailing Address 1000 UNIVERSAL STUDIOS PLAZA BLDG 22A ORLANDO, FL 32819
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2. Principal Place of Business - No P.O. Box # 6150 Metrowest Blvd	3. Mailing Address 6150 Metrowest Blvd
Suite, Apt. #, etc. Ste 208	Suite, Apt. #, etc. Ste 208

City & State ORLANDO, FL	City & State ORLANDO, FL
Zip 32835	Zip 32835
Country USA	Country USA

	
01182008	Chg-P CR2E034 (12/06)
4. FEI Number 04-3716760	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
MCLEOD, W. EDWARD W. EDWARD MCLEOD, P.A. 284 PARK AVE NO WINTER PARK, FL 32789	

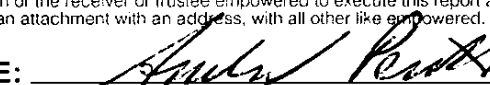
7. Name and Address of New Registered Agent	
Name ROBIN COHEN	
Street Address (P.O. Box Number is Not Acceptable) 6150 Metrowest Blvd	
Suite, Apt. #, etc. Ste 208	
City ORLANDO	FL Zip Code 32835

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 	DATE 1/25/08

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PERROTT, ANDREW 1000 UNIVERSAL STUDIOS PLAZA BLDG 22A ORLANDO, FL 32819 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	DATE 1/25/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	