


2006 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
06-23-2006 90008 048 ***150.00
FILED P03000065696

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JS

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| DOCUMENT # P03000065696 | |  | |
| 1. Entity Name TDC ENTERTAINMENT, INC. | | | |
| Principal Place of Business PO BOX 357758 GAINESVILLE, FL 32635 | | Mailing Address PO BOX 357758 GAINESVILLE, FL 32635 | |
| 2. Principal Place of Business 3500 N.W. 97th Blvd. Suite, Apt. #, etc. Suite I | | 3. Mailing Address 3500 N.W. 97th Blvd. Suite, Apt. #, etc. Suite I | |
| City & State Gainesville, FL | | City & State Gainesville, FL | |
| Zip 32606 | Country USA | Zip 32606 | Country USA |
| 4. FEI Number 20-0156808 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | 05242006 Chg-P CR2E034 (11/05) | |
| 6. Name and Address of Current Registered Agent SAWYER, J. MICHAEL ESQ. LAW OFFICES OF DECARLIS & SAWYER 5000 NW 27TH COURT, SUITE C GAINESVILLE, FL 32606 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 _____ (NOTE: Registered Agent signature required when renaming) DATE _____ | | | |
| FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006 | | 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 | D COLLETT, THOMAS D PO BOX 357758 GAINESVILLE, FL 32635 <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: <i>Thomas D. Collett</i> | | THOMAS D. COLLETT 6/19/2006 (352) 331-0685 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |