2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000024526

1. Entity Name
NOTION, INC.

Principal Place of Business	Mailing Address
10490 GANDY BLVD ST PETERSBURG, FL 33702-2395	10490 GANDY BLVD ST PETERSBURG, FL 33702-2395

01052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0798025
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MIAMI CENTER REGISTERED AGENETS LLC
201 S BISCAYNE BLVD STE 1700
MIAMI, FL 33131

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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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CALDWELL, JOHN
STREET ADDRESS	10490 GANDY BLVD
CITY-ST-ZIP	ST PETERSBURG, FL 337022395
TITLE	D
NAME	CALDWELL, VINCENT
STREET ADDRESS	10490 GANDY BLVD
CITY-ST-ZIP	ST PETERSBURG, FL 337022395
TITLE	D
NAME	HLAS, STPEHEN
STREET ADDRESS	10490 GANDY BLVD
CITY-ST-ZIP	ST PETERSBURG, FL 337022395
TITLE	D
NAME	WEAVER, VEY
STREET ADDRESS	10490 GANDY BLVD
CITY-ST-ZIP	ST PETERSBURG, FL 337022395
TITLE	D
NAME	CHASSEN, JON
STREET ADDRESS	10490 GANDY BLVD
CITY-ST-ZIP	ST PETERSBURG, FL 337022395
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/10/07-80055-010 150.00

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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: Steve Hlas 1-5-07 (727)812-3312
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #