

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000047544

Entity Name: Y? ENTERTAINMENT, INC.

FILED  
Jan 21, 2006  
Secretary of State

## Current Principal Place of Business:

2220 COUNTY ROAD 210 WEST  
SUITE 108-134  
JACKSONVILLE, FL 32259

## Current Mailing Address:

2220 COUNTY ROAD 210 WEST  
SUITE 108-134  
JACKSONVILLE, FL 32259

## New Principal Place of Business:

2220 COUNTY ROAD 210 WEST  
SUITE 108-134  
JACKSONVILLE, FL 32259 US

## New Mailing Address:

2220 COUNTY ROAD 210 WEST  
SUITE 108-134  
JACKSONVILLE, FL 32259 US

FEI Number: 20-0947293

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GWEN HUTCHESON GRIGGS, PA  
6 EAST BAY STREET  
SUITE 500  
JACKSONVILLE, FL 32202 US

## Name and Address of New Registered Agent:

INTREPID REGISTERED AGENT SERVICES, LLC  
ONE INDEPENDENT DRIVE  
SUITE 1200  
JACKSONVILLE, FL 32202 US

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: GWEN HUTCHESON GRIGGS, EVP

01/21/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P/D ( ) Delete  
Name: HANSCOM, DAVID J  
Address: 2220 COUNTY ROAD 210 WEST; SUITE 108-134  
City-St-Zip: JACKSONVILLE, FL 32259

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: HANSCOM, DAVID J  
Address: 2220 COUNTY ROAD 210 WEST, SUITE 108-134  
City-St-Zip: JACKSONVILLE, FL 32259 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DAVID J. HANSCOM

PD

01/21/2006

Electronic Signature of Signing Officer or Director

Date