

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000047544

Entity Name: Y? ENTERTAINMENT, INC.

FILED  
Apr 14, 2009  
Secretary of State

## Current Principal Place of Business:

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

## Current Mailing Address:

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

## New Principal Place of Business:

2220 COUNTY ROAD 210 WEST  
SUITE 108-510  
JACKSONVILLE, FL 32259 US

## New Mailing Address:

2220 COUNTY ROAD 210 WEST  
SUITE 108-510  
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:

CONTEGA BUSINESS SERVICES, LLC  
ONE INDEPENDENT DRIVE  
SUITE 1200  
JACKSONVILLE, FL 32202 US

## Name and Address of New Registered Agent:

HANSCOM, DAVID J  
2220 CR 210 WEST  
SUITE 108-510  
JACKSONVILLE, FL 3259 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: DAVID HANSCOM

04/14/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: HANSCOM, DAVID J  
Address: 2220 COUNTY ROAD 210 WEST, SUITE 108-510  
City-St-Zip: JACKSONVILLE, FL 32259 US

I hereby certify that the information supplied with this filing does not qualify 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 HANSCOM

PD

04/14/2009

Electronic Signature of Signing Officer or Director

Date