2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 02, 2007 8:00 am Secretary of State **DOCUMENT # P04000069959** 04-02-2007 90068 029 ***150.00 PARKER BROTHERS ENTERTAINMENT, INC. Mailing Address Principal Place of Business **COUDIOUD** 895 FRUITLAND DRIVE 895 FRUITLAND DRIVE DELTONA, FL 32725 DELTONA, FL 32725 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 01222007 Chg-P Applied For City & State City & State 4. FEI Number Not Applicable 43-2049934 Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PARKER, KAREN Street Address (P.O. Box Number is Not Acceptable) 895 FUITLAND DRIVE DELTONA, FL 32725 Zip Code FL 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 Signature, typed or printed name of registered agent and title if annicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWI!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PT TITLE ☐ Change ☐ Addition TITE ☐ Delete PARKER, STEVEN NAME NAME 895 FRUITLAND DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELTONA, FL 32725 CITY-ST-ZIP VS. TITLE ☐ Delete TITLE ☐ Change Addition PARKER, KAREN NAME NAME 895 FRUITLAND DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **DELTONA, FL 32725** CITY-ST-ZIP D ☐ Addition TITLE ☐ Delete ☐ Change PARKER-ANGREES, CANDICE NAME STREET ADDRESS 474 GREAT OAKS BLVD STREET ADDRESS CITY-ST-7IB CITY-ST-ZIP MONTICELLO, FL 32344 Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP 12. Thereby certify that the information supplied with this filling 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.

FILED