



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 08, 2008 8:00 am**  
**Secretary of State**

09-08-2008 90002 028 \*\*\*550.00

<b>DOCUMENT # P04000081464</b> 1. Entity Name <b>FOXINTERACTIVE, INC</b>					
Principal Place of Business <b>1025 SOUTH SEMORAN BLVD SUITE 1093 WINTER PARK, FL 32792 US</b>			Mailing Address <b>1025 SOUTH SEMORAN BLVD SUITE 1093 WINTER PARK, FL 32792 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		07212008      Chg-P      CR2E034 (12/06)	
4. FEI Number <b>65-1226740</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent <b>Zandt</b> <b>VAN ZANDT, DANA</b> <b>12125 SOUTH SEMORAN BLVD</b> <b>SUITE 1093</b> <b>WINTER PARK, FL 32792</b>			7. Name and Address of New Registered Agent Name <b>Dana Van Zandt</b> Street Address (P.O. Box Number is Not Acceptable) <b>1025 S. Semoran Blvd</b> <b>#1093</b> City <b>Winter Park</b> FL      Zip Code <b>32792</b>		
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 <u><b>Dana Van Zandt</b></u> DATE <u><b>9/4/08</b></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 12, 2008</b>		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	<b>PRES</b> <b>FOX, PENNEY</b> <b>1025 SOUTH SEMORAN BLVD, SUITE 1093</b> <b>WINTER PARK, FL 32792</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u><b>R</b></u> <b>9/4/08</b> <b>407-379-610</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					