

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90040 050 \*\*\*158.75

40096009



04262007 Chg-P CR2E034 (12/06)

4. FEI Number 74-3133742 Applied For Not Applied

5. Certificate of Status Desired  \$8.75 Additional Fee Required

DOCUMENT # P04000142044  
 1. Entity Name  
 TOC ENTERTAINMENT & MARKETING, INC.



Principal Place of Business Mailing Address  
 1069 W. MORSE BLVD. 1069 W. MORSE BLVD.  
 WINTER PARK, FL 32789-3711 WINTER PARK, FL 32789-3711

2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
 1069 W Morse Blvd 1069 W Morse Blvd

Suite, Apt. #, etc. Suite, Apt. #, etc.  
 Suite 1 Suite 1

City & State City & State  
 Winter Park, FL Winter Park FL

Zip Country Zip Country  
 32789 32789

6. Name and Address of Current Registered Agent  
 MCLEOD, EDWARD PA  
 284 PARK AVE NORTH  
 WINTER PARK, FL 32789

7. Name and Address of New Registered Agent  
 Name Wolfe, Richard C  
 Street Address (P.O. Box Number is Not Acceptable)  
 100 S E 2nd Street  
 Suite 3300  
 City Miami FL Zip Code 33131

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, the registered agent.

SIGNATURE: [Signature] (NOTE: Registered Agent signature required when reinstating) DATE:

**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 <input type="checkbox"/> Delete
NAME	LINDERS, JEANETTE C
STREET ADDRESS	222 S NEW YORK AVE TOP FLOOR
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	Linders, Jeanette C.
STREET ADDRESS	9210 Ridge Pine Trail
CITY-ST-ZIP	Orlando FL 32819
TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
NAME	Grant, Joanne C.
STREET ADDRESS	1243 Lake Willisara Circle
CITY-ST-ZIP	Orlando FL 32806
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] 4-27-07 407-478-1700  
 / SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #