2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# P05000009272

Entity Name: BLUE JUICE FILMS, INC.

Current Principal Place of Business:

5060 TOULON DRIVE
ORLANDO, FL 32839

New Principal Place of Business:

Current Mailing Address:

5060 TOULON DRIVE
ORLANDO, FL 32839

New Mailing Address:

FEI Number: 27-0113567 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MUMME, THOMAS E
730 CAMPINA AVENUE
PALM BAY, FL 32909 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MUMME, THOMAS E
Address: 730 CAMPINA AVENUE
City-St-Zip: PALM BAY, FL 32909

Title: D ( ) Delete
Name: MILLER, ROBERT A II
Address: 5060 TOULON DRIVE
City-St-Zip: ORLANDO, FL 32839

Title: D ( ) Delete
Name: MISCONI, MICHAEL
Address: 4672 CREW CIRCLE, APARTMENT 5
City-St-Zip: MELBOURNE, FL 32904

Title: D ( ) Delete
Name: GAROFALO, MICHAEL
Address: 621 NORTH INTERLACHEN AVENUE
City-St-Zip: WINTER PARK, FL 32789

Title: D (X) Delete
Name: SCHNEIDER, JEREMY
Address: 300 GRAND ST. APT. # 332
City-St-Zip: HOBOKEN, NJ 07030

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: MISCONI, MICHAEL
Address: 1571 WHITMAN DRIVE
City-St-Zip: WEST MELBOURNE, FL 32904

Title: D (X) Change ( ) Addition
Name: SCHNEIDER, JEREMY
Address: 300 GRAND ST. APT. # 332
City-St-Zip: HOBOKEN, NJ 07030

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: THOMAS E MUMME D 01/14/2009

Electronic Signature of Signing Officer or Director — Date