

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000066508

FILED
Mar 15, 2006
Secretary of State

Entity Name: ORANGEBOX ENTERTAINMENT, INC.

Current Principal Place of Business:

625 N FLAGLER DR SUITE 509
WEST PALM BEACH, FL 33401

New Principal Place of Business:

2921 W. OLIVE AVENUE
BURBANK, CA 91505 US

Current Mailing Address:

625 N FLAGLER DR SUITE 509
WEST PALM BEACH, FL 33401

New Mailing Address:

625 N. FLAGLER DRIVE,
SUITE 605
WEST PALM BEACH, FL 33401 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEARCE, ROBERT L W
625 N FLAGLER DR STE 605
W PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

COHEN, MATTHEW J
625 N. FLAGLER DRIVE,
SUITE 605
WEST PALM BEACH, FL 33401 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: MATTHEW J COHEN

03/15/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: VARELA, SANDRA
Address: 6565 SUNSET BOULEVARD
City-St-Zip: LOS ANGELES, CA 90026

Title: CEOS () Delete
Name: PEARCE, ROBERT W
Address: 625 N FLAGLER DR STE 509
City-St-Zip: W PALM BEACH, FL 33401

Title: D () Delete
Name: PEARCE, ROBERT W
Address: 625 N FLAGLER DR STE 509
City-St-Zip: W PALM BEACH, FL 33401

Title: CFO () Delete
Name: COHEN, MATTHEW J
Address: 625 N FLAGLER DR STE 509
City-St-Zip: W PALM BEACH, FL 33401

Title: TD (X) Delete
Name: COHEN, MATTHEW J
Address: 625 N FLAGLER DR STE 509
City-St-Zip: W PALM BEACH, FL 33401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: VARELA, SANDRA
Address: 2921 W. OLIVE AVENUE
City-St-Zip: BURBANK, CA 91505 US

Title: CEO (X) Change () Addition
Name: SIMPSON, TIMOTHY
Address: 625 N. FLAGLER DRIVE, SUITE 605
City-St-Zip: WEST PALM BEACH, FL 33401 US

Title: C (X) Change () Addition
Name: SCHUSTER, BRIAN J
Address: 625 N. FLAGLER DRIVE, SUITE 605
City-St-Zip: WEST PALM BEACH, FL 33401 US

Title: CFO (X) Change () Addition
Name: COHEN, MATTHEW J
Address: 625 N. FLAGLER DRIVE, SUITE 605
City-St-Zip: WEST PALM BEACH, FL 33401 US

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

I hereby certify that the information supplied with this filing does not qualify for the 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: MATTHEW J COHEN

CFO

03/15/2006

Electronic Signature of Signing Officer or Director

Date