

2006 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC 28 PM 1:14

DOCUMENT # P05000147832 1. Entity Name RJ ENTERTAINMENT ASSOCIATES, INC					
Principal Place of Business 7400 PARK BOULEVARD PINELLAS PARK, FL 33781			Mailing Address 7400 PARK BOULEVARD PINELLAS PARK, FL 33781		
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		4. FEI Number 20-3729011 ☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				12182008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent LUKE CHARLES LIROT, P.A. 112 N. EAST STREET SUITE B TAMPA, FL 33602			7. Name and Address of New Registered Agent Name LOUIS J. TERMINELLO, ESQ. Street Address (P.O. Box Number is Not Acceptable) TERMINELLO & TERMINELLO, P.A. 2700 SW 37TH AVENUE City MIAMI FL Zip Code 33133		
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: _____ DATE: 01/03/07 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing)					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	P, T SNOWDEN, RICHARD A 175 NOTTINGHAM TERRACE BUFFALO, NY 14216 ☒ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	P,VP,S,T FRAZIER T. BOYD, III 3300 NORFOLK STREET RICHMOND, VA 23230 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP,S GUARINO, JOSEPH A 175 NOTTINGHAM TERRACE BUFFALO, NY 14216 ☒ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ 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: FRAZIER T. BOYD III 12/20/06 804-353-4386 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					