

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000055500

Entity Name: ORLANDO SPOTLIGHT, INC.

FILED
Apr 20, 2009
Secretary of State

Current Principal Place of Business:

3344 MATTSON DR
ORLANDO, FL 32825

New Principal Place of Business:

300 E. SOUTH ST UNIT 1015
ORLANDO, FL 32801

Current Mailing Address:

3344 MATTSON DR
ORLANDO, FL 32825

New Mailing Address:

300 E. SOUTH ST. UNIT 1015
ORLANDO, FL 32801

FEI Number: 20-4707795

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MORALES, ANAMARIE
3344 MATTSON DR
ORLANDO, FL 32825 US

Name and Address of New Registered Agent:

MORALES, ANAMARIE
300 E. SOUTH ST
ORLANDO, FL 32801 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: ANAMARIE MORALES

04/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MORALES, ANAMARIE
Address: 3344 MATTSON DR
City-St-Zip: ORLANDO, FL 32825

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MORALES, ANAMARIE
Address: 300 E. SOUTH ST UNIT 1015
City-St-Zip: ORLANDO, FL 32801

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: ANAMARIE MORALES

CEO

04/20/2009

Electronic Signature of Signing Officer or Director

Date