

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90056 026 \*\*\*158.75

<b>DOCUMENT # P06000061401</b> 1. Entity Name <b>XOOM ENTERTAINMENT, INC.</b>					
Principal Place of Business <b>18520 NW 67TH AVE - STE 341 MIAMI, FL 33015</b>			Mailing Address <b>18520 NW 67TH AVE - STE 341 MIAMI, FL 33015</b>		
2. Principal Place of Business - No P.O. Box # <b>1000 UNIVERSAL STUDIOS PLAZA</b>		3. Mailing Address <b>4731 BLUE MAJOR DR.</b>			
Suite, Apt. #, etc. <b>SUITE 214</b>		Suite, Apt. #, etc. 			
City & State <b>ORLANDO, FLORIDA</b>		City & State <b>WINDERMERE, FL</b>		4. FEI Number <b>02-0780630</b>	
Zip <b>32819</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
8. Name and Address of Current Registered Agent <b>SAIED, MUSTAFA 18520 NW 67TH AVE - STE 341 MIAMI, FL 33015</b>		7. Name and Address of New Registered Agent Name <b>MUSTAFA SAIED</b> Street Address (P.O. Box Number is Not Acceptable) <b>4731 BLUE MAJOR DRIVE</b> City <b>WINDERMERE</b> <b>FL</b> Zip Code <b>34786</b>			
6. 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 <u><i>[Signature]</i></u> <b>02/20/07</b> DATE					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SAIED, MUSTAFA</b> <b>6745 NW 169TH ST - UNIT C</b> <b>HIALEAH, FL 33015</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>SAIED, FATIMA</b> <b>6745 NW 169TH ST - UNIT C</b> <b>HIALEAH, FL 33015</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>ALAVI, MAHREEN</b> <b>715 W 60TH ST</b> <b>HIALEAH, FL 33012</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/T</b> <b>SAIED, MUSTAFA</b> <b>4731 BLUE MAJOR DR.</b> <b>WINDERMERE, FL 34786</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>GREEN, AHMAN</b> <b>1750 LIMESTONE TRAIL</b> <b>DE PERE, WI 54115</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>[REDACTED]</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>[Signature]</i></u> <b>MUSTAFA SAIED</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>02/20/07</b> <b>407-224-5476</b> <small>Date Daytime Phone #</small>		