2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000085094

Entity Name: CUTTING EDGE STUDIOS, INC.

FILED Jan 08, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
4111 LAND O LAKES BLVD				4111 LAND O LAKES BLVD			
301 LAND O LAKES, FL 34639				210 LAND O LAKES, FL 34639			
Current Mailing Address:				New Mailing Address:			
4444 LAND OLAKEO DIAKO				AAAA LAND OLAKES DIAVD			
4111 LAND O LAKES BLVD 301				4111 LAND O LAKES BLVD 210			
LAND O LAKES, FL 34639				LAND O LAKES, FL 34639			
FEI Number: 20-5092148 FEI Number Applied For () FEI N			FEI Numi	mber Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:							
1383 OAKF	& COMPANY, FIELD DRIVE I, FL 33511	INC. US					
The above in the State		ubmits this statement for the pur	rpose of	changing it	s registered	office or registered agen	t, or both,
SIGNATUR	RE:						
Electronic Signature of Registered Agent				Date			
Election Can	npaign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			į	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	HOHENTHANER	AKES BLVD #301	1	Title: Name: Address: City-St-Zip:	HOHENTHAN	LAKES BLVD #210	
Title: Name: Address: City-St-Zip:	HOHENTHANER	AKES BLVD #301	1	Title: Name: Address: City-St-Zip:	HOHENTHAN	LAKES BLVD #210	
Title: Name: Address: City-St-Zip:	SCOTT, AARON	AKES BLVD #301	1	Title: Name: Address: City-St-Zip:	SCOTT, AAR	LAKES BLVD #210	
Title: Name: Address: City-St-Zip:	PHILLIPS, DAVI	AKES BLVD #301	1	Title: Name: Address: City-St-Zip:	PHILLIPS, DA	LAKES BLVD #210	
Title: Name: Address: City-St-Zip:	BOONE, MAURE 4111 LAND O LA LAND O LAKES,	AKES BLVD #301 FL 34639	1	Title: Name: Address: City-St-Zip:	BOONE, MAU 4111 LAND O LAND O LAKE	LAKES BLVD #210 ES, FL 34639	
Title: Name:	VP () HOHENTHANER	Delete , DONNA M		Title: Name:	,	X) Change () Addition ER, DONNA M	

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.

Address:

City-St-Zip:

4111 LAND O LAKES BLVD #210

LAND O LAKES, FL 34639

SIGNATURE: AARON M SCOTT VP 01/08/2009

4111 LAND O LAKES BLVD #301

LAND O LAKES, FL 34639

Address:

City-St-Zip: