

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000085094

FILED
Nov 17, 2009
Secretary of State**Entity Name:** CUTTING EDGE STUDIOS, INC.**Current Principal Place of Business:**4111 LAND O LAKES BLVD
210
LAND O LAKES, FL 34639**New Principal Place of Business:****Current Mailing Address:**4111 LAND O LAKES BLVD
210
LAND O LAKES, FL 34639**New Mailing Address:****FEI Number:** 20-5092148**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ACEVEDO & COMPANY, INC.
1383 OAKFIELD DRIVE
BRANDON, FL 33511 US**Name and Address of New Registered Agent:**

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:_____
Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:**

Title: P () Delete
Name: HOENTHANER, VANCE E
Address: 4111 LAND O LAKES BLVD #210
City-St-Zip: LAND O LAKES, FL 34639

Title: VP () Delete
Name: HOENTHANER, DAVID
Address: 4111 LAND O LAKES BLVD #210
City-St-Zip: LAND O LAKES, FL 34639

Title: VP () Delete
Name: SCOTT, AARON M
Address: 4111 LAND O LAKES BLVD #210
City-St-Zip: LAND O LAKES, FL 34639

Title: VP () Delete
Name: PHILLIPS, DAVID A
Address: 4111 LAND O LAKES BLVD #210
City-St-Zip: LAND O LAKES, FL 34639

Title: VP (X) Delete
Name: TAYLOR, MAUREEN F
Address: 4111 LAND O LAKES BLVD #210
City-St-Zip: LAND O LAKES, FL 34639

Title: VP (X) Delete
Name: HOENTHANER, DONNA M
Address: 4111 LAND O LAKES BLVD #210
City-St-Zip: LAND O LAKES, FL 34639

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SCOTT, AARON M
Address: 4111 LAND O LAKES BLVD #210
City-St-Zip: LAND O LAKES, FL 34639

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

Title: VP (X) Change () Addition
Name: TAYLOR, MAUREEN F
Address: 4111 LAND O LAKES BLVD #210
City-St-Zip: LAND O LAKES, FL 34639

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

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

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

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: DAVID A PHILLIPS

VP

11/17/2009

Electronic Signature of Signing Officer or Director_____
Date