## 2007 FOR PROFIT CORPORATION

## Aug 20, 2007 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P06000095766** 08-20-2007 90054 044 \*\*\*550.00 DESTINY ENTERTAINMENT INC Principal Place of Business Mailing Address 7430 UNIVERSAL BLVD 7430 UNIVERSAL BLVD ORLANDO, FL 32819 ORLANDO, FL 32819 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 07242007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 02-0784258 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WILSON, MICHAEL A Street Address (P.O. Box Number is Not Acceptable) 7430 UNIVERSAL BLVD ORLANDO, FL 32819 City Zip Code 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Trust Fund Contribution Added to Fees Due by September 14, 2007 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. MGMR TITLE ☐ Delete TITLE ☐ Change Addition NAME WILSON, MICHAEL'A NAME 7430 UNIVERSAL BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32819 CITY-ST-ZIP MGMR Delete TITLE Change Addition TITLE RODRIGUEZ, RICARDO M NAME NAME STREET ADDRESS 7430 UNIVERSAL BLVD STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ORLANDO, FL 32819 TITLE ☐ Delete TITE F Change Addition STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition

**FILED** 

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.

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

NAME

STREET ADDRESS

630 675 8000 SIGNATURE: \_ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR