

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Jun 22, 2008
Secretary of State**

DOCUMENT# P06000105215

Entity Name: VERSATILE PROPERTIES, INC.

Current Principal Place of Business:

6800 VINEYARD DR. # Q307
ORLANDO, FL 32821

New Principal Place of Business:

Current Mailing Address:

6800 VINEYARD DR. # Q307
ORLANDO, FL 32821

New Mailing Address:

FEI Number: 20-5361429 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VERSATILE HOLDINGS, INC.
6800 VINEYARD DR. # Q307
ORLANDO, FL 32821 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: D () Delete
Name: VERSATILE HOLDINGS,, INC.
Address: 6800 VINEYARD DR. # Q307
City-St-Zip: ORLANDO, FL 32821 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: VERSATILE HOLDINGS,, INC
Address: 6800 VINEYARD DR. # Q307
City-St-Zip: ORLANDO, FL 32821 US

Title: D () Change (X) Addition
Name: ARTIST & REPERTOIRE, TV, INC
Address: 1450 SE 3RD AVE # 1-104
City-St-Zip: DANIA BEACH, FL 33004

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: ALON J GARCIA

D

06/22/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date