2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000066859

SIGNATURE:

RP FOLEY ENTERTAINMENT, INC.



FILED Apr 07, 2008 8:00 am Secretary of State 04-07-2008 90058 048 ***150.00

Principal Place of Busness \$24 S ANDREWS AVE \$152 A S ANDREWS AVE \$252 A S ANDREWS AVE \$3. Mailing Address \$4. FEI Numbor \$5. Certificate of Sistus Decired Applied For Co-Co-Visit 9 6.5.7 Applied For Co-Visit 9 6.5.7 Applied For Follows Ave Ave Applied For Follows Ave								/										
STE 200 NORTH FILAUDERDALE, FL 33301 2. Principal Place of Business - No PO Box # 3. Mailing Address Suite. Apt. #, etc.	Principal Place of Business N				Address													
Suite Apt. #, etc. City & State City & State City & State Country Zip Country Zip Country Zip Country S. Certificate of Status Desired \$1.5 Additional Foe Required Folley, ROGER P 524 S ANDREWS AVE STE 200 NORTH FT LAUDERDALE, FL 33301 City FL City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) DATE December 1	524 S ANDREWS AVE STE 200 NORTH			STE 2	STE 200 NORTH				† (EG FAD) 11	LI BERTHI I	140N 4	iir ee in		HI GIHT I		4084 1818	FO L IL 14	191
City & State City & State Country City City City FL City	2. Principal Place of Business - No P.O. Box # 3.				I. Mailing Address													
Country Country Country Country Security Country Security Sec	Suite, Apt. #,	, etc.		Suite,	Suite, Apt. #, etc.				03162008		Chg	.P		CR2E	34 (1	2/06)		
S. Name and Address of Current Registered Agent S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 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 miller with, and accept the obligations of registered agent. SIGNATURE FILE NOWITH FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 POFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE POLEY, ROGER P STRET ADDRESS 524 S ANDREWS AVE - STE 200 NORTH FILE LAUDERDALE, FL 33301 TITLE VP ARCHON, MARIO STRET ADDRESS CITY-ST-2P TITLE VP ARCHON, MARIO STRET ADDRESS CITY-ST-2P TITLE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE VP ARCHON, MARIO STRET ADDRESS CITY-ST-2P TITLE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE VP ARCHON, MARIO STRET ADDRESS STRET ADDRESS CITY-ST-2P TITLE ADDRESS AGENT STRET ADDRESS CITY-ST-2P TITLE ADDRESS AGENT STRET ADDRESS CITY-ST-2P TITLE ADDRESS AGENT	City & State			City 8	City & State						96	57						
FOLEY, ROGER P 524 S ANDREWS AVE STE 200 NORTH FT LAUDERDALE, FL 33301 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Types or printed name of registered agent and the if apokable (NOTE Registered Agent agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Types or printed name of registered agent and the if apokable (NOTE Registered Agent agent and refer stating) After May 1, 2008 Fee will be \$59.00 After May 1, 2008 Fee will be \$59.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. TITLE POLEY, ROGER P STRETA DORESS CITY-S1-2P TITLE AGREEMS ANDREWS AVE - STE 200 NORTH FT LAUDERDALE, FL 33301 TITLE NAME STRETA DORESS CITY-S1-2P TITLE NAME STRETA DORESS CITY-	Zip		Country	Zip	Zip Country			5 Certificate of Status Desired S8.75 Addition							tional			
FOLEY, ROGER P 524 S ANDREWS AVE STE 200 NORTH FT LAUDERDALE, FL 33301 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am lamillar with, and accept the obligations of registered agent. SIGNATURE Signature, typeo to printed name of registered agent and tife if applicable. POFFICERS AND DIRECTORS 9. Election Campaign Financing Trust Fund Contribution. 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 14. ADDITIONS/CHANGES TO OFFICE		6. Name	and Address of Current	Registered	Agent		Nama		7. Name and	l Add	ress	of Nev	v Reg	istered .	Agent			
STEET ADDRESS AND DIRECTORS TILE NAME STREET ADDRESS AND DERECTORS STREET ADDRESS AND DERECTORS STREET ADDRESS STREET ADDR								ess (F	P.O. Box Numb	er is l	Not A	ccepta	ible)					
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, hybod or printed name of registered agent and side if applicable. (NOTE: Registered Agent separature required when reinstating) DATE			L 33301															
SIGNATURE Signature, typed or printed nerve of registered agent and little if applicable. (NOTE: Replaced Agent signature required when reinstating) DATE												·			•			
TILE NOMES STREET ADDRESS CITY-ST-ZPP STREET ADDRESS CITY-ST-ZPP CI				r the purpo	se of changing its	registeri	ed office or reg	gistere	ed agent, or bo	oth, in	the S	tate of	Florid	la. I am	familia	r with, a	and ac	ccept
After May 1, 2008 Fee will be \$55.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. TITLE P	SIGNATUREs	ignature, typed	or printed name of registered agent	and title if applic	cable. (NOTI	: Registere	d Agent signature re	quired	when reinstating)					DATE				-
TITLE NAME STREET ADDRESS CITY-ST-ZIP				- 1		~	·											
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	10.		OFFICERS AND	DIRECTOR	S	11.			ADDITIONS	/CHA	NGE	S TO C	FFICE	RS AND	DIRE	CTORS	IN 11	ı
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		· Delete														nange	□ A	ddition
CITY-ST-ZIP TITLE NAME ZARCENO, MARIO STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	•																
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				O NOINTI		*												
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE	<u> </u>					:								ПО	nange	ПА	ddition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME :	ZARCENC	D, MARIO	,										_				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	1		•	NORTH														
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE CITY-ST-ZIP	<u> </u>																	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME CITY-ST-ZIP TITLE NAME CITY-ST-ZIP CITY-ST-ZIP					☐ Delete	1									Ц 0	ange	∐A	adition :
TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST																		
NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP					. CITY	-ST-ZIP											
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	1				Delete											nange	□ A	ddition
CITY-ST-ZIP CITY-ST-ZIP	1																	
						1												
	TITLE				☐ Delete	TITLE									ПС	nange	ПА	ddition
NAME NAME	NAME					NAM	E								_	- 5-		
STREET ADDRESS STREET ADDRESS	[1											
CITY-ST-ZIP CITY-ST-ZIP					· <u> </u>													
TITLE Delete TITLE Change Addition NAME NAME					☐ Delete											ange	□ A	ddition
STREET ADDRESS STREET ADDRESS	NAME STREET ADDRESS																	
CITY-ST-ZIP CITY-ST-ZIP							1											
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.	indicated o	n this repor	t or supplemental report is	s true and a	ccurate and that r	ny signa	ture shall have	the s	same legal effe	ct as	if mad	e und	er oat	h; that L	am an	officer -	or dire	ector