

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000069809

Entity Name: GREEN ROOM STUDIOS, INC.

FILED  
Apr 01, 2009  
Secretary of State

## Current Principal Place of Business:

8699 EGRET ISLE TERRACE  
LAKE WORTH, FL 33467 US

## New Principal Place of Business:

## Current Mailing Address:

8699 EGRET ISLE TERRACE  
LAKE WORTH, FL 33467 US

## New Mailing Address:

FEI Number: 77-0689587      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DUBROW DUKER & ASSOCIATES, P.A.  
5401 N. UNIVERSITY DRIVE  
SUITE 204  
CORAL SPRINGS, FL 33067 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SIMMONS, WENDELL  
Address: 8699 EGRET ISLE TERRACE  
City-St-Zip: LAKE WORTH, FL 33467 US

Title: VP ( ) Delete  
Name: SIMMONS, CAROLE  
Address: 8699 EGRET ISLE TERRACE  
City-St-Zip: LAKE WORTH, FL 33467 US

Title: S ( ) Delete  
Name: SIMMONS, WENDELL  
Address: 8699 EGRET ISLE TERRACE  
City-St-Zip: LAKE WORTH, FL 33467 US

Title: T ( ) Delete  
Name: SIMMONS, CAROLE  
Address: 8699 EGRET ISLE TERRACE  
City-St-Zip: LAKE WORTH, FL 33467 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: CAROLE SIMMONS

T

04/01/2009

Electronic Signature of Signing Officer or Director

Date