2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2009
Secretary of State

DOCUMENT# P07000072158

Entity Name: PONCE ENTERTAINMENT, INC.

Current Principal Place of Business:

4 GRANADA STREET
ST AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 528
ST AUGUSTINE, FL 32085

New Mailing Address:

FEI Number: 26-0393721 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PONCE, JR., CHARLES F
4 GRANADA STREET
ST AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

PONCE, JR., CHARLES F
25 SYLVAN DRIVE
ST AUGUSTINE, FL 32084 US

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: 03/15/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: PONCE, JR., CHARLES F
Address: 348 ST. GEORGE AVENUE
City-St-Zip: ST AUGUSTINE, FL 32084

Title: VP ( ) Delete
Name: SANDRA, CRAIG
Address: 1753 SANTANDER STREET
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: T ( ) Delete
Name: PONCE, KAREN
Address: 348 ST. GEORGE AVENUE
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: S ( ) Delete
Name: PONCE, KAREN
Address: 348 ST, GEORGE AVENUE
City-St-Zip: ST. AUGUSTINE, FL 32084

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: PONCE, JR., CHARLES F
Address: 25 SYLVAN DRIVE
City-St-Zip: ST AUGUSTINE, FL 32084

Title: VP (X) Change ( ) Addition
Name: KAREN, PONCE
Address: 25 SYLVAN DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: T (X) Change ( ) Addition
Name: PONCE, KAREN
Address: 25 SYLVAN DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: S (X) Change ( ) Addition
Name: CRAIG, SANDRA
Address: 1753 SANTANDER STREET
City-St-Zip: ST. AUGUSTINE, FL 32080

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: KAREN PONCE VP 03/15/2009
Electronic Signature of Signing Officer or Director — Date