## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000073629

**FILED** Apr 15, 2009 Secretary of State

Entity Name: ENCOMPASS MULTIMEDIA INC **Current Principal Place of Business: New Principal Place of Business:** 3826 EXCHANGE AVENUE NAPLES, FL 34104 **Current Mailing Address: New Mailing Address:** 3826 EXCHANGE AVENUE NAPLES, FL 34104 FEI Number: 26-0416056 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MARTINEZ, ROBERT T 3826 EXCHANGE AVENUE NAPLES, FL 34104 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition MARTINEZ, ROBERT T MARTINEZ, ROBERT T Name: Name:

445 LEAWOOD CIRCLE 6641 GOLDEN GATE PARKWAY Address: Address: City-St-Zip: NAPLES, FL 34104 City-St-Zip: NAPLES, FL 34105

Title: VΡ (X) Delete Title: () Change () Addition

Name: LEBRUN, ERNZ Name: 930 EVERGLADES BLVD. S Address: Address: NAPLES, FL 34117 City-St-Zip: 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.

Ρ SIGNATURE: ROBERT MARTINEZ 04/15/2009