2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000116569

City-St-Zip:

EVENT LIODIZON EU M. INIO

FILED Apr 26, 2009 Secretary of State

Entity Nar	me: EVENT	HORIZON FILM, INC.				
Current P	rincipal Plac	e of Business:	New Prince	New Principal Place of Business:		
	ROKEE AVEI ERS, FL 3390			13130 WESTLINKS TERRACE FORT MYERS, FL 33913		
Current M	lailing Addre	ss:	New Mail	New Mailing Address:		
	ROKEE AVEI ERS, FL 3390			13130 WESTLINKS TERRACE FORT MYERS, FL 33913		
FEI Number:	: 26-1285824	FEI Number Applied For ()	FEI Number Not App	olicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
6731 CHE	N, PATRICK / ROKEE AVEI ERS, FL 3390	NUE				
	named entity of Florida.	submits this statement for the	purpose of changing	its registered	d office or registered agent, or both,	
SIGNATUR						
Election Car		nic Signature of Registered A	gent		Date	
OFFICERS	S AND DIREC	CTORS:	ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	ROBINSON, F 6731 CHEROI FT. MYERS, F CEO (NEUMANN, W 6731 CHEROI FT. MYERS, F	KEE AV L 33905) Delete OLFGANG H KEE AV L 33905	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	NEUMANN, \	OKEE AV FL 33905 (X) Change () Addition WOLFGANG H PTON PARK CT FL 33913	
Title: Name: Address: City-St-Zip:	ROBINSON, K 6731 CHEROI FT. MYERS, F	KEE AV L 33905	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address:	() Delete	Title: Name: Address:	NEUMANN, A	() Change (X) Addition ANNEMARIE SEC PTON PARK CT	

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.

City-St-Zip:

FORT MYERS, FL 33913

SIGNATURE: WOLFGANG NEUMANN 04/26/2009 CIO