

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000008545

FILED
Apr 28, 2009
Secretary of State

Entity Name: FRENZ ENTERTAINMENT, INC.

Current Principal Place of Business:

5730 SE WINDSONG LANE
STUART, FL 349978204

New Principal Place of Business:

Current Mailing Address:

5730 SE WINDSONG LANE
STUART, FL 349978204

New Mailing Address:

FEI Number: 11-3835393 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, MALCOLM
5730 SE WINDSONG LANE
STUART, FL 349978204 US

Name and Address of New Registered Agent:

WILSON, MALCOLM
4649 BETELNUT STREET
BOCA RATON, FL 334284129 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: _____ 04/28/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: WILSON, MALCOLM
Address: 5730 SE WINDSONG LANE
City-St-Zip: STUART, FL 349978204

Title: VPSD (X) Delete
Name: WILSON, PATRICIA S
Address: 5730 SE WINDSONG LANE
City-St-Zip: STUART, FL 349978204

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change () Addition
Name: WILSON, MALCOLM
Address: 4649 BETELNUT STREET
City-St-Zip: BOCA RATON, FL 334284129

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: MALCOLM WILSON PTSD 04/28/2009
Electronic Signature of Signing Officer or Director Date