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(Requestor's Name)
(Address)
(Address)
(
(O) (O) (D) (D)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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10 APR 19 AH 8: 21
SECRETARY OF STATE
ALLAHASSEE, FLORID

eachore C.COULLIETTE

APR 20 2010

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corpo	ion orations				
SUBJECT:	ANU Entertai	nment Inc			
DOCUMENT NUMBER	D40	000000750			
The enclosed Statement o	f Change of Registered Offic	ce/Agent and fee are subm	itted for filing.		
Please return all correspon	ndence concerning this matte	er to the following:			
Marion Moth					
Name of Contact Person					
	ANUA Para sa	lationar and box			
ANU Entertainment Inc Firm/Company					
		, ,			
	4700 Millenia Bo	ulevard, Suite 175			
		dress			
	Orlando Flo	orida 32837			
	City/State a	ind Zip Code			
	mothukus(
E-ma	il address: (to be used for	future annual report noti	fication)		
For further information co	oncerning this matter, please	call:			
Mar	ion Moth	at (310)	686 8395		
Name of C	Contact Person	Area Code & Dayt	686 8395 ime Telephone Number		
Enclosed is a \$35.00 chec	k made payable to the Depar	rtment of State.			
Ņ	Mailing Address:	Street Address Amendment S	<u>ii</u>		
	Division of Corporations	Division of C			
p	P.O. Box 6327	Clifton Buildi	ing		
Т	Tallahassee, FL 32314	2661 Executiv	ve Center Circle		

Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.8 ange is submitted for a corporation org er to change its registered office or reg	rganized	under the laws of the Stat	e of Florida
1. The name of	the corporation: ANU Entertain	ment	Inc.,	
2. The principal	l office address: 47 00 Willema Bot	uicvait	a, Suite 175, Ollando	71 IONGA 32037
3. The mailing a	address (if different):			
4. Date of incor	rporation/qualification: 01/01/20	010	Document number:	P10000000750
	d street address of the current registere artment of State: (If resigned, enter resigned)	~	and registered office on f	ile with the
	Marion Moth			
	37 N. Orange Ave.	,Ste	500	
	Orlando Florida 32801			
6. The name and (if changed):				PR 19
	4700 Millenia Bi	lud.	Ste 175	Bo I
,	4700 Millenia Bi Orlando, El 329	x NOT acc	eptable	8: 21
The street addr as changed wil	ess of its registered office and the str l be identical.	rect add	ress of the business offic	e of its registered agent,
Such change waterized by	he yoard, or the corporation has been	opted by in notific	its board of directors or ed in writing of the chang	by an officer so ge.
V Kignaku	when of an officer or director		Marion Moth,	
I hereby according to the form of the following the follow	the appointment as registered agen lid comply with the provisions of all indicate the line familiar with and accept the line filed merely to reflect a change is as track notified in writing of this char	nt and as statutes obligat in the re inge.	gree to act in this capacit relative to the proper an ion of mv position as reg gistered office address, I	ly. id complete performance istered agent. Or, if this hereby confirm that the
-M/M	startire of Registered Agent	_	04/14/2 Date	2010
If signing on bo	ehalf of an entity:	•		
	Marion Moth			
	Typed or Printed Name			

* * * FILING FEE: \$35.00 * * *