

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Dec 21, 2009
Secretary of State**

DOCUMENT# P22939

Entity Name: DMJM AVIATION, INC.

Current Principal Place of Business:

2202 N. WEST SHORE BLVD
SUITE 455
TAMPA, FL 33607 US

New Principal Place of Business:

Current Mailing Address:

2202 N. WEST SHORE BLVD
SUITE 455
TAMPA, FL 33607 US

New Mailing Address:

FEI Number: 23-2499109 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: GREENSPAN, ELISE
Address: 605 THIRD AVENUE
City-St-Zip: NEW YORK, NY 10158

Title: D () Delete
Name: O'CONNOR, JOHN
Address: 2202 N. WEST SHORE BLVD, SUITE 455
City-St-Zip: TAMPA, FL 33607

Title: D () Delete
Name: HUNTER, STEPHANIE
Address: 555 S. FLOWER ST., STE. 3700
City-St-Zip: LOS ANGELES, CA 90071

Title: D () Delete
Name: CHEN, ERIC
Address: 555 S. FLOWER STREET
City-St-Zip: LOS ANGELES, CA 90071

Title: CFO () Delete
Name: HARTWIG, GLENN
Address: 5757 WOODWAY DRIVE, SUITE 101 WEST
City-St-Zip: HOUSTON, TX 77057

Title: P () Delete
Name: SMITH, LOREN
Address: 2202 N. WEST SHORE BLVD, SUITE 455
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D&O (X) Change () Addition
Name: O'CONNOR, JOHN
Address: 2202 N. WEST SHORE BLVD, SUITE 455
City-St-Zip: TAMPA, FL 33607

Title: AS (X) Change () Addition
Name: ORLIN, ROBERT
Address: 605 THIRD AVE
City-St-Zip: NEW YORK, NY 10158

Title: SVP (X) Change () Addition
Name: JOSEPH, GLOWACKI
Address: 2202 N WEST SHORE BLVD., SUITE 455
City-St-Zip: TAMPA, FL 33607

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ELISE GREENSPAN

SECR

12/21/2009

Electronic Signature of Signing Officer or Director

_____ Date