

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
May 28, 2009  
Secretary of State**

DOCUMENT# P94000034237

Entity Name: IDLETIME NETWORK, INC.

**Current Principal Place of Business:**

928 MAIN ST  
WINDERMERE, FL 34786

**New Principal Place of Business:**

**Current Mailing Address:**

928 MAIN STREET  
WINDERMERE, FL 34786 US

**New Mailing Address:**

FEI Number: 59-3241618      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROSE, MOLLY  
928 MAIN ST  
WINDERMERE, FL 34786 US

**Name and Address of New Registered Agent:**

FLEMING, ROBERT L  
928 MAIN ST  
WINDERMERE, FL 34786 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: ROBERT FLEMING      05/28/2009  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: ROSE, MOLLY  
Address: 928 MAIN STREET  
City-St-Zip: WINDEMERE, FL 34786

Title: D      (X) Delete  
Name: FLEMING, ROBERT L  
Address: 928 MAIN STREET  
City-St-Zip: WINDEMERE, FL 34786

Title: D      (X) Delete  
Name: HOUSE, JOEL  
Address: 928 MAIN STREET  
City-St-Zip: WINDERMERE, FL 34786

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D      (X) Change ( ) Addition  
Name: FLEMING, ROBERT L  
Address: 928 MAIN STREET  
City-St-Zip: WINDEMERE, FL 34786

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: ROBERT FLEMING      D      05/28/2009  
Electronic Signature of Signing Officer or Director      Date