2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P94000078309

Entity Name: TORI AMOS UNIVERSAL ENTERTAINMENT, INC.

FILED Dec 02, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

561 N.W. FLORESTA DRIVE 2336 SE OCEAN BOULEVARD PORT ST. LUCIE, FL 34983

BOX 177

STUART, FL 34996

Current Mailing Address: New Mailing Address:

PO BOX 880005 2336 SE OCEAN BOULEVARD PORT SAINT LUCIE, FL 349880005

BOX 177

STUART, FL 34996 US

FEI Number: 65-0528418 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

AMOS, EDISON M AMOS, TORI M ELLEN

561 N.W. FLORESTA DRIVE 2336 SE OCEAN BOULEVARD

US PORT ST. LUCIE, FL 34983 **BOX 177** STUART, FL 34996 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: TORI M.E. AMOS 12/02/2008

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change () Addition () Delete Title:

AMOS, EDISON M AMOS, TORI M ELLEN Name: Name:

561 NW FLORESTA DRIVE 2336 SE OCEAN BOULEVARD, BOX 177 Address: Address:

City-St-Zip: PORT ST LUCIE, FL 34983 City-St-Zip: STUART, FL 34996

Title: COB (X) Delete Title: () Change () Addition

Name: AMOS, ELLEN Name: 561 NW FLORESTA DRIVE Address: Address: PORT ST LUCIE, FL 34983 City-St-Zip: City-St-Zip:

Title: Title: VST (X) Delete () Change () Addition

AMOS, MARY C Name: Name: 561 NW FLORESTA DRIVE Address: Address: City-St-Zip: PORT ST LUCIE, FL 34983 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: TORI M.E. AMOS D/P 12/02/2008

Electronic Signature of Signing Officer or Director

Date