


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2008 08:00 AM
Secretary of State

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|---|---|
| DOCUMENT # P95000022040 1. Entity Name ROCKY'S REPLAY, INC. |  |
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| Principal Place of Business 1121 E. SEMORAN BLVD CASSELBERRY, FL 32707 US | Mailing Address 1121 E.S.R. 436 SEMORAN CASSELBERRY, FL 32707 |
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DO NOT WRITE IN THIS SPACE



01182008 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 59-3306801 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent MOSHER, DAVID 908 MOSS LN WINTER PARK, FL 32789 |
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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Laura Mosher* LAURA MOSHER V.P. 1/22/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD MOSHER, DAVID 908 MOSS LN WINTER PARK, FL 32789 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSD MOSHER, LAURA 908 MOSS LN WINTER PARK, FL 32789 |
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01/28/08-800004-018 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Laura Mosher* LAURA MOSHER VP 1/22/08 407-260-0043
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #