2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000041873

NORTH PORT, FL 34289

City-St-Zip:

Entity Name: FOX DISTRIBUTING OF S.W. FLORIDA, INC.

FILED Jan 20, 2009 Secretary of State

| Current Principal Place of Business: | | | New Principal Place of Business: | |
|---|---|-------------------------------|--|--|
| | IMERCE PKW ORT, FL 3428 | | | |
| Current Mailing Address: | | | New Mailing Address: | |
| | IMERCE PKW ORT, FL 3428 | | | |
| FEI Number | : 65-0667732 | 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: | |
| 18401 MU PORT CH. The above | Y, MICHAEL R RDOCK CIRCL ARLOTTE, FL named entity s of Florida. | 33948 US | purpose of changing its registered | d office or registered agent, or both, |
| SIGNATUI | RE: | | | |
| | Electron | ic Signature of Registered Ag | ent | Date |
| Election Car | mpaign Financing | Trust Fund Contribution (). | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | PD () FOX, MICHAEL 3145 COMMER NORTH PORT, | CE PKWY | Title: Name: Address: City-St-Zip: | () Change () Addition |
| Title: Name: Address: | VSTO () FOX, STACEY I 3145 COMMER | | Title: Name: Address: | () Change () Addition |

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: STACEY L. FOX VSTO 01/20/2009