

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000097110

FILED
Jan 29, 2009
Secretary of State

Entity Name: AMERICAN WRITERS AND ARTISTS, INC.

Current Principal Place of Business:

245 NE 4TH AVE #102
DELRAY BEACH, FL 33483

New Principal Place of Business:

Current Mailing Address:

245 NE 4TH AVE #102
DELRAY BEACH, FL 33483

New Mailing Address:

FEI Number: 07-2423913

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POPKIN, EDWARD D PA
5355 TOWN CENTER RD
SUITE 801
BOCA RATON, FL 33486 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MAHONEY, DONALD B
Address: 395 FAIRWAY DR
City-St-Zip: MIAMI BEACH, FL 33141

Title: TD () Delete
Name: HOLLINGSHEAD, PAUL
Address: 245 NE 4TH AVE, #102
City-St-Zip: DELRAY BEACH, FL 33483

Title: VSD () Delete
Name: YEAKLE, KATIE
Address: 245 NE 4TH AVE, #102
City-St-Zip: DELRAY BEACH, FL 33483

Title: D () Delete
Name: POPKIN, EDWARD D
Address: 5355 TOWN CENTER RD, #801
City-St-Zip: BOCA RATON, FL 33486

Title: VP () Delete
Name: DAVIS, CHIS
Address: 245 NE 4TH AVE #102
City-St-Zip: DELRAY BEACH, FL 33483

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: KATIE YEAKLE

VSD

01/29/2009

Electronic Signature of Signing Officer or Director

Date