

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90011 018 ***150.00

DOCUMENT # P97000027133					
1. Entity Name EMERSON ENTERTAINMENT, INC.					
Principal Place of Business 370 CENTER POINTE CIRCLE SUITE 1136 ATLAMONTE SPRINGS, FL 32701			Mailing Address 370 CENTER POINTE CIRCLE SUITE 1136 ATLAMONTE SPRINGS, FL 32701		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3436037	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PASQUALETTI, JOSEPH P 370 CENTER POINTE CIRCLE, SUITE 1136 ATLAMONTE SPRINGS, FL 32701			7. Name and Address of New Registered Agent Name <u>Mary Walsh</u> Street Address (P.O. Box Number is Not Acceptable) <u>370 Center Pointe Circle</u> <u>Suite 1136</u> City <u>Altamonte Springs</u> <u>FL</u> Zip Code <u>32701</u>		
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 <u>Mary Walsh</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>2/19/2008</u>					
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			
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTSD PASQUALETTI, JOSEPH P 370 CENTER POINTE CIRCLE, SUITE 1136 ALTAMONTE SPRINGS, FL 32701 Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PASQUALETTI, JOSEPH P 370 CENTERPOINTE CIRCLE, SUITE 1136 ALTAMONTE SPRINGS, FL 32701 Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV KYNASTON, NEIL 370 CENTERPOINTE CIR #1136 ALTAMONTE SPRINGS, FL 32701 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Bruce Brubaker 309 Cranes Roost Blvd. Altamonte Springs, FL 32701 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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 607, 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: <u>NEIL KYNASTON</u> 3/6/08 321-231-9513 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					