

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000027133

Entity Name: EMERSON ENTERTAINMENT, INC.

FILED  
Apr 30, 2009  
Secretary of State

## Current Principal Place of Business:

370 CENTER POINTE CIRCLE  
SUITE 1136  
ATLAMONTE SPRINGS, FL 32701

## New Principal Place of Business:

## Current Mailing Address:

370 CENTER POINTE CIRCLE  
SUITE 1136  
ATLAMONTE SPRINGS, FL 32701

## New Mailing Address:

FEI Number: 59-3436037

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WALSH, MARY  
370 CENTER POINTE CIRCLE, SUITE 1136  
ATLAMONTE SPRINGS, FL 32701 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: PTSD (X) Delete  
Name: PASQUALETTI, JOSEPH P  
Address: 370 CENTER POINTE CIRCLE, SUITE 1136  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D (X) Delete  
Name: PASQUALETTI, JOSEPH P  
Address: 370 CENTERPOINTE CIRCLE, SUITE 1136  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: DV ( ) Delete  
Name: KYNASTON, NEIL  
Address: 370 CENTERPOINTE CIR #1136  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D (X) Delete  
Name: BRUBAKER, BRUCE  
Address: 309 CRANES ROOST BLVD  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

## 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:

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: NEIL KYNASTON

DV

04/30/2009

Electronic Signature of Signing Officer or Director

Date