

# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P97000091585

FILED  
Jul 11, 2008  
Secretary of State

Entity Name: SAM SELTZER'S DISTRIBUTION, INC.

## Current Principal Place of Business:

4744 NORTH DALE MABRY  
TAMPA, FL 33614

## New Principal Place of Business:

## Current Mailing Address:

4744 NORTH DALE MABRY  
TAMPA, FL 33614

## New Mailing Address:

FEI Number: 59-3493225

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HOLLIDAY, RONALD ESQ  
PIPER RUDNICK, LLP  
101 E KENNEDY BLVD, SUITE 2000  
TAMPA, FL 336025149 US

## Name and Address of New Registered Agent:

KAHELIN, SALLY  
4744 N DALE MABRY HWY  
TAMPA, FL 33614 US

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: SALLY KAHELIN

07/11/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: SELTZER, MICHAEL  
Address: 4744 NORTH DALE MABRY  
City-St-Zip: TAMPA, FL 33614

Title: D ( ) Delete  
Name: BLOOM, HYMAN  
Address: 4770 KENT AVE STE 100  
City-St-Zip: MONTREAL, QC H3W 1H2 CA

Title: DVP (X) Delete  
Name: MCGRATH, ALEXANDER S  
Address: 200 STATE STREET  
City-St-Zip: BOSTON, MA 02109 US

Title: AS (X) Delete  
Name: KAHELIN, SALLY A  
Address: 4744 N DALE MABRY  
City-St-Zip: TAMPA, FL 33614

Title: S (X) Delete  
Name: MOUNTFORD, JOHN  
Address: 4744 N DALE MABRY  
City-St-Zip: TAMPA, FL 33614

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: MOUNTFORD, JOHN  
Address: 4744 NORTH DALE MABRY  
City-St-Zip: TAMPA, FL 33614

Title: S (X) Change ( ) Addition  
Name: KAHELIN, SALLY  
Address: 4744 N DALE MABRY HWY  
City-St-Zip: TAMPA, FL 33614

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: SALLY KAHELIN

S

07/11/2008

Electronic Signature of Signing Officer or Director

Date