

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 19, 2006 8:00 am
Secretary of State

06-19-2006 90003 024 ***158.50

DOCUMENT # P97000102920

1. Entity Name
VOYAGER ENTERTAINMENT, INC.



Principal Place of Business
3021 SEVILLE
#2
FT LAUDERDALE, FL 33304

Mailing Address
2545 E. SUNRISE BLVD
#224
FT LAUDERDALE, FL 33304

40096011



2. Principal Place of Business

FT. LAUD - Fla
#224

3. Mailing Address

2545 E. Sunrise Blvd
#224

05122006 Chg-P CR2E034 (11/05)

City & State

FT. LAUD. Fla
Zip 33304 Country USA

City & State

FT. LAUD. Fla
Zip 33304 Country USA

4. FEI Number
65-0799177

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HERSHMAN, FRANK
2545 E. SUNRISE BLVD
#224
FT LAUDERDALE, FL 33304

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

6-14-06

10. OFFICERS AND DIRECTORS

TITLE PCEO
NAME HERSHMAN, FRANK S
STREET ADDRESS 2545 E. SUNRISE BLVD #224
CITY-ST-ZIP FT LAUDERDALE, FL 33304

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-14-06 954-463-3958

ATTACHMENT

40096077
P9708010102920

4-20-06
I hope that
I'm in Time.
I have been far
away & I'm trying
to cover all the "bases"
while I'm home
- Thank You
Greatly!
old Note!! /S/ Ashman