

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000059072

FILED  
Apr 10, 2009  
Secretary of State

Entity Name: VIRTUAL IMPACT PRODUCTIONS, INC.

**Current Principal Place of Business:**

607 ST. ANDREWS DRIVE  
SARASOTA, FL 34243

**New Principal Place of Business:**

**Current Mailing Address:**

607 ST. ANDREWS DRIVE  
SARASOTA, FL 34243

**New Mailing Address:**

FEI Number: 59-3520955      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

ROBINSON, MICHELLE  
607 ST. ANDREWS DRIVE  
SARASOTA, FL 34243      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: ROBINSON, MICHELLE  
Address: 607 ST. ANDREWS DRIVE  
City-St-Zip: SARASOTA, FL 34243

Title: D ( ) Delete  
Name: SLIDER, ROBERT  
Address: 607 ST. ANDREWS DRIVE  
City-St-Zip: SARASOTA, FL 34243

Title: D ( ) Delete  
Name: ROBINSON, STEFANIE  
Address: 607 ST. ANDREWS DRIVE  
City-St-Zip: SARASOTA, FL 34243

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VP (X) Change ( ) Addition  
Name: SLIDER, ROBERT  
Address: 607 ST. ANDREWS DRIVE  
City-St-Zip: SARASOTA, FL 34243

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: MICHELLE ROBINSON

PD

04/10/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date