

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000081186

Entity Name: YBOR COMEDY, INC.

FILED
May 11, 2009
Secretary of State

Current Principal Place of Business:

1600 E. 8TH AVE
C112
TAMPA, FL 33605

New Principal Place of Business:

Current Mailing Address:

1600 E. 8TH AVE
C112
TAMPA, FL 33605

New Mailing Address:

FEI Number: 59-3537404

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOYCE, ROBERT
1611 VALENCIA ST
CLEARWATER, FL 33766 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KUTASH, MITCH
Address: 9630 BEECHTREE
City-St-Zip: BAINBRIDGE, OH 44023

Title: VPD () Delete
Name: LEINENBACH, TODD
Address: 618 ARBOR LAKE LANES
City-St-Zip: TAMPA, FL 33602

Title: STD () Delete
Name: BUDNAR, SARAH
Address: 3291 EAST FAIRFAX
City-St-Zip: CLEVELAND, OH 44119

Title: VPD () Delete
Name: DORFMAN, ANDREW
Address: 8882 SW 57TH
City-St-Zip: COOPER CITY, FL 33328

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: MITCH KUTASH

PD

05/11/2009

Electronic Signature of Signing Officer or Director

Date