



# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # P99000035001</b> 1. Entity Name <b>THEATER XTREME ENTERTAINMENT GROUP, INC.</b>					
Principal Place of Business <b>2501 TURK BLVD SAN FRANCISCO, CA 94118</b>				Mailing Address <b>2501 TURK BLVD SAN FRANCISCO, CA 94118</b>	
2. Principal Place of Business <b>250 CORPORATE BLVD</b>		3. Mailing Address <b>250 CORPORATE BLVD</b>		<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="font-size: 1.2em; font-weight: bold; margin-bottom: 10px;">05 NOV 30 PM 5:35</div> <div style="font-size: 0.8em; font-weight: bold; margin-bottom: 10px;">SECRETARY OF STATE</div> <div style="font-size: 0.8em; font-weight: bold;">TALLAHASSEE, FLORIDA</div> 	
Suite, Apt. #, etc. <b>SUITE E</b>		Suite, Apt. #, etc. <b>SUITE E</b>			
City & State <b>NEWARK, DE</b>		City & State <b>NEWARK, DE</b>			
Zip <b>19702</b>	Country <b>UNITED STATES</b>	Zip <b>19702</b>	Country <b>UNITED STATES</b>	4. FEI Number <b>65-0913583</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				11182005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  <b>BOVI, DAVID M P.A. 319 CLEMATIS STREET SUITE 700 WEST PALM BEACH, FL 33401</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold;">FL</div> <div style="text-align: right;">Zip Code</div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees <div style="text-align: right; font-weight: bold;">600061793806</div> <div style="text-align: right; font-weight: bold;">11/30/05--01041--007 **70.00</div>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST COLUCCI, WILLIAM R 2501 TURK BLVD SAN FRANCISCO, CA 94118	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D SCOTT OGLUM 14702 GLEN EDEN DR NAPLES, FL 34110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JAMES VINCENZO 4136 PRESIDENTIAL DR LAFAYETTE HILL, PA 19444	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S/D JUSTIN SCHAKELMAN 1312 VALLEY STREAM DR NEWARK, DE 19702	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMES LUDLOW 7958 WOODSBLUFF RUN FOGELSVILLE, PA 18051	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVID HLUDZINSKI 350 RESERVOIR RD GOSHEN, NY 10924	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D H. GREGORY SILBER 7 MARS, RD NEWARK, DE 19711	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____		<b>JAMES J. VINCENZO</b> 11/20/2015 302-455-1334 TREASURER			