

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 8:00 am
Secretary of State

01-17-2008 90021 024 ***150.00

DOCUMENT # P99000035001

1. Entity Name
THEATER XTREME ENTERTAINMENT GROUP, INC.



Principal Place of Business
**250 CORPORATE BLVD
SUITE E
NEWARK, DE 19702**

Mailing Address
**250 CORPORATE BLVD
SUITE E
NEWARK, DE 19702**

40000364



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01142008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

65-0913583

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOVI, DAVID M P.A.
319 CLEMATIS STREET
SUITE 700
WEST PALM BEACH, FL 33401**

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 \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CO
OGLUM, SCOTT
832 TANBARK DRIVE SUITE 204
NAPLES, FL 34108** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**386 Emerald Bay Circle Unit G5
Naples, FL 34110** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
VINCENZO, JAMES
4136 PRESIDENTIAL DR
LAFAYETTE HILL, PA 19444** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
SCHAKELMAN, JUSTIN
1312 VALLEY STREAM DR
NEWARK, DE 19702** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LUDLOW, JAMES
7958 WOODSBLUFF RUN
FOGELSVILLE, PA 18051** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
Kenneth O. Warren
12005 BLACKSMITHSHOP RD.
GREENWOOD, DE 19950** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HLUDZINSKI, DAVID
350 RESERVOIR RD
GOSHEN, NY 10924** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SILBER, H. GREGORY
7 MARS RD
NEWARK, DE 19711** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

JAMES J. VINCENZO, TREASURER

Date

Daytime Phone #

1/14/2008