

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004115

FILED
Apr 28, 2009
Secretary of State

Entity Name: SAFARI TODD WILDLIFE PRODUCTIONS, INC.

Current Principal Place of Business:

26205 E. COLONIAL DRIVE
CHRISTMAS, FL 32709

New Principal Place of Business:

Current Mailing Address:

4983 BROOK ROAD
KISSIMMEE, FL 34758

New Mailing Address:

FEI Number: 03-0448912

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAWKSWORTH, ALAN
4983 BROOK ROAD
KISSIMMEE, FL 34758 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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HAWKSWORTH, ALAN
Address: 4983 BROOK ROAD
City-St-Zip: KISSIMMEE, FL 34758

Title: DT () Delete
Name: HAWKSWORTH, LYNNE
Address: 4983 BROOK ROAD
City-St-Zip: KISSIMMEE, FL 34758

Title: VP () Delete
Name: DREVER, DAWN
Address: 461 AMERICANA BLVD N W
City-St-Zip: PALM BAY, FL 32907

Title: S () Delete
Name: DREVER, DAWN
Address: 461 AMERICANA BLVD NW
City-St-Zip: PALM BAY, FL 32907

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALAN HAWKSWORTH

PD

04/28/2009

Electronic Signature of Signing Officer or Director

Date