

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000066697

Entity Name: BAD APPLE COMICS, INC.

FILED
Apr 17, 2008
Secretary of State

Current Principal Place of Business:

280 WEKIVA SPRINGS RD
SUITE 2030
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

280 WEKIVA SPRINGS RD
SUITE 2030
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 86-1138002 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KALEY, MARK
5980 WESTGATE DR UNIT 303
ORLANDO, FL 32835 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: MAGUIRE, MATTHEW
Address: 280 WEKIVA SPRINGS RD SUITE 2030
City-St-Zip: LONGWOOD, FL 32779

Title: V () Delete
Name: SCHINAULT, SHAWN
Address: 280 WEKIVA SPRINGS RD SUITE 2030
City-St-Zip: LONGWOOD, FL 32779

Title: STD () Delete
Name: FYFE, TERRY
Address: 280 WEKIVA SPRINGS RD SUITE 2030
City-St-Zip: LONGWOOD, FL 32779

Title: D () Delete
Name: JABLON, MARC
Address: 280 WEKIVA SPRINGS RD SUITE 2030
City-St-Zip: LONGWOOD, FL 32779

Title: D () Delete
Name: ALTAMORE, ANTHONY
Address: 280 WEKIVA SPRINGS RD SUITE 2030
City-St-Zip: LONGWOOD, FL 32779

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:

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: MATTHEW MAGUIRE

P

04/17/2008

Electronic Signature of Signing Officer or Director

_____ Date