

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000043731

FILED
Apr 29, 2008
Secretary of State

Entity Name: VARUNA ENTERTAINMENT, INC.

Current Principal Place of Business:

3005 W PLANTATION PINES COURT
LECANTO, FL 34461

New Principal Place of Business:

Current Mailing Address:

3005 W PLANTATION PINES COURT
LECANTO, FL 34461

New Mailing Address:

4805 W. LAUREL STREET
100
TAMPA, FL 33607

FEI Number: 87-0765978

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GASSMAN, ALAN S ESQ
1245 COURT STREET SUITE 102
CLEARWATER, FL 33756 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: D () Delete
Name: MORGAN, JASON
Address: 3005 W PLANTATION PINES COURT
City-St-Zip: LECANTO, FL 34461

Title: D () Delete
Name: BAZZY, AL
Address: 8489 WEST THIRD STREET SUITE 1027
City-St-Zip: LOS ANGELES, CA 90048

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: JASON C. MORGAN

D

04/29/2008

Electronic Signature of Signing Officer or Director

_____ Date