

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000046726

**Entity Name:** BONGIOVI ENTERTAINMENT, INC.

**Current Principal Place of Business:**

649 SW WHITMORE DRIVE  
PORT SAINT LUCIE, FL 34984

**Current Mailing Address:**

649 SW WHITMORE DRIVE  
PORT SAINT LUCIE, FL 34984

**FEI Number:** 65-1101400

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BUTERA, JOSEPH G JR  
649 SW WHITMORE DRIVE  
PORT SAINT LUCIE, FL 34984 US

*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

**Officer/Director Detail :**

Title DCEO  
Name SIMMONS, RONALD E  
Address 649 SW WHITMORE DRIVE  
City-State-Zip: PORT SAINT LUCIE FL 34984

Title DVP  
Name BUTERA, JOSEPH G JR.  
Address 649 SW WHITMORE DRIVE  
City-State-Zip: PORT SAINT LUCIE FL 34984

Title DVP  
Name LAZIN, STEVEN  
Address 649 SW WHITMORE DRIVE  
City-State-Zip: PORT SAINT LUCIE FL 34984

Title DSEC  
Name STINSON, LOUIS JR.  
Address 649 SW WHITMORE DRIVE  
City-State-Zip: PORT SAINT LUCIE FL 34984

*I hereby 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 all other like empowered.*

**SIGNATURE:** JOSEPH G BUTERA JR

DVP

04/26/2022

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date