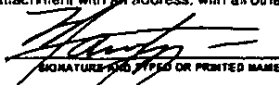


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 27, 2008 8:00 am
Secretary of State

05-01-2008 90189 001 ***150.00

DOCUMENT # P00000010663			
1. Entity Name NEW WAVE ENTERTAINMENT INC.			
Principal Place of Business 8009 NW 36 ST, SUITE 210 MIAMI, FL 33166		Mailing Address 8009 NW 36 ST, SUITE 210 MIAMI, FL 33166	
DO NOT WRITE IN THIS SPACE			66012096
			
			04112008 No Chg-P CR2E034 (11/05)
			4. FEI Number 65-0992216
			Applied For Not Applicable
			5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent RODRIGUEZ, MANUEL 8009 NW 36 ST, SUITE 210 MIAMI, FL 33166			DO NOT WRITE IN THIS SPACE
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 the applicable (NOTE: Registered Agent signature required when nonstandard)			DATE _____
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD RODRIGUEZ, MANUEL 8009 NW 36 ST., #210 MIAMI, FL 33166		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
DO NOT WRITE IN THIS SPACE			
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:  (PRESIDENT)		5/23/08	305-807-5125
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #