

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000020139

FILED
Jan 09, 2009
Secretary of State

Entity Name: BIG TOP ENTERTAINMENT, A CLOWN COMPANY, INC.

Current Principal Place of Business:

1376 AKRON OAKS DRIVE
ORANGE PARK, FL 32065 US

New Principal Place of Business:

Current Mailing Address:

9526 ARGYLE FOREST BLVD.
SUITE B2, BOX 328
JACKSONVILLE, FL 32222 US

New Mailing Address:

FEI Number: 59-3649054 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GILLESPIE, PORTIA
1376 AKRON OAKS DRIVE
ORANGE PARK, FL 32065 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: P () Delete
Name: GILLESPIE, PORTIA
Address: 1376 AKRON OAKS DRIVE
City-St-Zip: ORANGE PARK, FL 32065

Title: V () Delete
Name: GILLESPIE, WILLIAM
Address: 1376 AKRON OAKS DRIVE
City-St-Zip: ORANGE PARK, FL 32065

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: PORTIA L. GILLESPIE

PRES

01/09/2009

Electronic Signature of Signing Officer or Director

_____ Date