

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90202 005 \*\*\*158.75

<b>DOCUMENT # P03000082774</b> 1. Entity Name <b>WADABO ENTERTAINMENT, INC.</b>					
Principal Place of Business <b>3601 TURTLE RUN BLVD APT 521 GREENWAY, VA 22067</b>			Mailing Address <b>3601 TURTLE RUN BLVD APT 521 GREENWAY, VA 22067</b>		
2. Principal Place of Business - No P.O. Box # <b>7344 GROTTA AVENUE</b>		3. Mailing Address <b>7344 GROTTA AVENUE</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>ORLANDO FL</b>		City & State <b>ORLANDO FL</b>		4. FEI Number <b>20-0126206</b>	
Zip <b>32812</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BONAPARTE, WAYNE D 3601 TURTLE RUN BLVD APT 521 POMPANO BEACH, FL 33067</b>		7. Name and Address of New Registered Agent Name <b>WAYNE BONAPARTE</b> Street Address (P.O. Box Number is Not Acceptable) <b>7344 GROTTA AVENUE</b> City <b>ORLANDO</b> <b>FL</b> Zip Code <b>32812</b>			
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 <u>WAYNE BONAPARTE</u> <u>2/15/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BONAPARTE, WAYNE D 3601 TURTLE RUN BLVD, APT. 521 CORAL SPRINGS, FL 33067	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BONAPARTE, WAYNE D 7344 GROTTA AVENUE ORLANDO FL 32812	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KREMPA-BONAPARTE, CYNTHIA A 3601 TURTLE RUN BLVD, APT. 521 CORAL SPRINGS, FL 33067	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BONAPARTE, CYNTHIA A 7344 GROTTA AVENUE ORLANDO, FL 32812	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <u>Wayne Bonaparte</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>WAYNE D. BONAPARTE</u> <u>2/15/08</u> <small>Date Daytime Phone #</small>		