2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000048996

WEBB, GWENNETTE

CALLAHAN, FL 32011

P. O. BOX 1973

Name:

Address:

City-St-Zip:

Entity Name: HOGGY BOSS ENTERTAINMENT INCORPORATED

FILED Feb 19, 2009 Secretary of State

,				
Current Principal Place of Business:			New Principal Place of Business:	
	NGTON LANE IVILLE, FL 322	221		
Current Mailing Address:			New Mailing Address:	
	E SWALLOW [SPRINGS, FL :			
FEI Number	: 20-2421565	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired (X)
Name and	d Address of C	current Registered Agent:	Name and Address of	f New Registered Agent:
2206 COL PLANT CI	TY, FL 33567	US		
	e named entity s e of Florida.	submits this statement for the i	purpose of changing its registered	d office or registered agent, or both,
SIGNATU	RE: TAMMY E	BROADNAX		
Electronic Signature of Registered Age			ent	Date
		3(2)(b), F.S., the corporation did no	ot receive the prior notice.	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PD () SHEFFIELD, AF 978 ASHINGTO JACKSONVILLI	N LANE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	VD () SHEFFIELD, W 978 ASHINGTO JACKSONVILLI	N LANE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	CFO () COOPER, TER 436 N. OKEFEN FOLKSTON, GA	NOKEE DR.	Title: Name: Address: City-St-Zip:	() Change () Addition
Title:	D ()	Delete	Title:	() Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: AHMON SHEFFIELD PRES 02/19/2009