2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000048996

Address:

City-St-Zip:

P. O. BOX 1973

CALLAHAN, FL 32011

Entity Name: HOGGY BOSS ENTERTAINMENT INCORPORATED

FILED Nov 16, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 978 ASHINGTON LANE JACKSONVILLE, FL 32221 **Current Mailing Address: New Mailing Address:** 1170 TREE SWALLOW DRIVE #142 978 ASHINGTON LANE WINTER SPRINGS, FL 32708 JACKSONVILLE, FL 32221 FEI Number: 20-2421565 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BROADNAX, TAMMY 2206 COLSON RD. PLANT CITY, FL 33567 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition SHEFFIELD, AHMON Name: Name: 978 ASHINGTON LANE Address: Address: City-St-Zip: JACKSONVILLE, FL 32221 City-St-Zip: () Delete Title: VD Title: () Change () Addition Name: SHEFFIELD, WANDA Name: 978 ASHINGTON LANE Address: Address: JACKSONVILLE, FL 32221 City-St-Zip: City-St-Zip: () Delete Title: Title: CFO CFO (X) Change () Addition COOPER, TERRIE Name: ALLEN BLAND, SEGEETA Name: 436 N. OKEFENOKEE DR. 790 GREENHEDGE WAY Address: Address: City-St-Zip: FOLKSTON, GA 31537 City-St-Zip: STONE MOUNTAIN, GA 30088 Title: () Delete Title: () Change () Addition WEBB, GWENNETTE Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: SEGEETA ALLEN BLAND CFO 11/16/2009