2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000017841

Entity Name: BLACK WOLF ENTERTAINMENT, INC.

FILED May 09, 2008 Secretary of State

1200 BRICKELL BAY DR 247 SW 8 ST 310

2704

MIAMI, FL 33131 MIAMI, FL 33130

Current Mailing Address: New Mailing Address:

247 SW 8 ST PO BOX 4215

HALLANDALE, FL 33008 310 MIAMI, FL 33130

FEI Number: 20-3050010 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:

CHARLES, FRANTZ CHARLES, FRANTZ 247 SW 8 ST 1331 BRICKELL BAY DR

406 310

MIAMI, FL 33131 US MIAMI, FL 33130 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: FRANTZ CHARLES 05/09/2008

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRFS () Delete Title: **PRFS** (X) Change () Addition

BENNETT, DONNA A P Name: Name: CHARLES, FRANTZ P PO BOX 4215 PO BOX 4215 Address: Address: City-St-Zip: HALLANDALE, FL 33008 City-St-Zip: HALLANDALE, FL 33008

Title: Title: () Delete (X) Change () Addition

Name: FRANTZ, CHARLES Name: CHARLES, CHRISTOPHER F T P.O BOX 4215 P.O BOX 4215 Address: Address:

HALLANDALE, FL 33008 HALLANDALE, FL 33008 City-St-Zip: City-St-Zip:

(X) Change () Addition Title: () Delete Title: LAGUERRE, CARMIN S ISMAEL, MYRIAMME V Name: Name: 8421 NW/ 10 ST P O BOX 4215 Address: Address:

City-St-Zip: PLANTATION, FL 33322 City-St-Zip: HALLANDALE, FL 33008

Title: () Delete Title: (X) Change () Addition FREDERICK, SAUL D FREDERICK, SAUL D Name: Name:

Address: 1200 BRICKELL BAY DR 2704 Address: 1200 BRICKELL BAY DR City-St-Zip: City-St-Zip: MIAMI, FL 33131 MIAMI, FL 33131

Title: Title: () Delete () Change (X) Addition

FREDERICK, HARRY S Name: Name: Address: P.O BOX 4215 Address:

City-St-Zip: City-St-Zip: HALLANDALE, FL 33008

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: FRANTZ CHARES Ρ 05/09/2008