

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000122174

Entity Name: FLIPSIDE ENTERTAINMENT BY BO, INC.

FILED
Oct 29, 2008
Secretary of State

Current Principal Place of Business:

215 LOCHMOND DR.
FERN PARK, FL 32730

New Principal Place of Business:

Current Mailing Address:

215 LOCHMOND DR.
FERN PARK, FL 32730

New Mailing Address:

FEI Number: 20-5677357

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIVERA, CARLOS J.
5458 HOFFNER AVE., STE. 303
ORLANDO, FL 32812 US

Name and Address of New Registered Agent:

WILSON, ROBERT A P
215 LOCHMOND DR
FERN PARK, FL 32730 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: ROBERT WILSON

10/29/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WILSON, ROBERT A
Address: 215 LOCHMOND DR.
City-St-Zip: FERN PARK, FL 32730

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WILSON, ROBERT A V
Address: 215 LOCHMOND DR.
City-St-Zip: FERN PARK, FL 32730

Title: V () Change (X) Addition
Name: WILSON, LATANYA M
Address: 215 LOCHMOND DR.
City-St-Zip: FERN PARK, FL 32730

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: ROBERT WILSON

P

10/29/2008

Electronic Signature of Signing Officer or Director

Date