

## **2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P06000122174

**FILED**  
**Jul 03, 2012**  
**Secretary of State**

**Entity Name:** FLIPSIDE ENTERTAINMENT BY BO, INC.

**Current Principal Place of Business:**

215 LOCHMOND DR.  
FERN PARK, FL 32730

**New Principal Place of Business:**

10330 VISTA OAKS CT.  
ORLANDO, FL 32836

**Current Mailing Address:**

215 LOCHMOND DR.  
FERN PARK, FL 32730

**New Mailing Address:**

10330 VISTA OAKS CT.  
ORLANDO, FL 32836

**FEI Number:** 20-5677357

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

WILSON, ROBERT A P  
10330 VISTA OAKS CT.  
ORLANDO, FL 32836 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: R. WISLON

07/03/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: WILSON, ROBERT A V  
Address: 10330 VISTA OAKS CT.  
City-St-Zip: ORLANDO, FL 32836

Title: V  
Name: WILSON, LATANYA M  
Address: 10330 VISTA OAKS CT.  
City-St-Zip: ORLANDO, FL 32836

I hereby 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 all other like empowered.

SIGNATURE: R.WILSON

PRES

07/03/2012

Electronic Signature of Signing Officer or Director

Date