

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2008 8:00 am
Secretary of State

05-19-2008 90037 002 ***150.00

DOCUMENT # P07000078643

1. Entity Name
WORLD MIXED MARTIAL ARTS COMMISSION, INC.



Principal Place of Business
**2909 W. CYPRESS STREET
TAMPA, FL 33609**

Mailing Address
**2909 W. CYPRESS STREET
TAMPA, FL 33609**

2. Principal Place of Business - No P.O. Box #
5202 EAGLE TRAIL DR
Suite, Apt. #, etc.

3. Mailing Address
5202 EAGLE TRAIL DR
Suite, Apt. #, etc.



04232008 Chg-P CR2E034 (12/06)

City & State
TAMPA, FLORIDA
Zip
33634
Country
USA

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TAMPA, FLORIDA
Zip
33634
Country
USA

4. FEI Number
26-2481894
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WARCHOLA, ROBERT R
101 EAST KENNEDY BOULEVARD
SUITE 2800
TAMPA, FL 33602**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
PRESIDENT	Phil Alessi, SR	5202 EAGLE TRAIL DR	TAMPA, FL 33634		
SECRETARY	Phil Alessi, SR	5202 EAGLE TRAIL DR	TAMPA, FL 33634		
TREASURER	Phil Alessi, SR	5202 EAGLE TRAIL DR	TAMPA, FL 33634		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.23.08

Date

813-871-2286

Daytime Phone #