


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 09, 2008 8:00 am
Secretary of State

04-30-2008 90180 041 ***158.75

DOCUMENT # P07000122471			
1. Entity Name ARENA COMICS AND GAMING, INC.			
Principal Place of Business 1802 BECK AVE PANAMA CITY, FL 32405		Mailing Address 1802 BECK AVE PANAMA CITY, FL 32405	
2. Principal Place of Business - No P.O. Box # 1360 W. 15th St. Suite, Apt. #, etc.		3. Mailing Address Same as Above Suite, Apt. #, etc.	
City & State Panama City, FL		City & State	
Zip 32401	Country USA	Zip	Country
6. Name and Address of Current Registered Agent HARE, DIANE C CPA 2589 JENKS AVE PANAMA CITY, FL 32405		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 agents, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD FINLAYSON, JAMES A IV 1710 CLAY AVE PANAMA CITY, FL 32405 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 info empowered.			
SIGNATURE: <u><i>James A. Finlayson IV</i></u>		DATE: <u>03/21/08</u>	DAYTIME PHONE #: <u>850-832-5684</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>DATE</small>	<small>DAYTIME PHONE #</small>

66013745



03032008 Chg-P CR2E034 (12/06)

4. FEI Number 26-1361085 Applied For Not Applicable

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