2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000017539

Entity Name: MADD HOTT ENTERTAINMENT, INCORPORATED

FILED Jan 18, 2009 Secretary of State

Current Pr	incipal Place of Business:	New Princ	New Principal Place of Business:	
	60 TERRACE AMI BEACH, FL 33162			
Current Mailing Address:		New Maili	New Mailing Address:	
	50 TERRACE AMI BEACH, FL 33162			
FEI Number: FEI Number Applied For (X) FEI		FEI Number Not Appl	icable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and	Name and Address of New Registered Agent:	
	S L 50 TERRACE AMI BEACH, FL 33162 US			
The above in the State	named entity submits this statement for the pur of Florida.	pose of changing i	ts registered office or registered agent, or both,	
SIGNATUR				
Election Carr	Electronic Signature of Registered Agent paign Financing Trust Fund Contribution ().	İ	Date	
	S AND DIRECTORS:	ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address:	CEO () Delete BENAINE, S L 1100 NE 160 TERRACE	Title: Name: Address:	() Change () Addition	
City-St-Zip: Title: Name: Address: City-St-Zip:	NORTH MIAMI BEACH, FL 33162 US () Delete	City-St-Zip: Title: Name: Address: City-St-Zip:	BM () Change (X) Addition PUDDIE, TOUSSAIN 1100 NE 160 TERRACE NORTH MIAMI BEACH, FL 33162	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	BM () Change (X) Addition BAXTER, BRIAN 1100 NE 160 TERRACE NORTH MIAMI BEACH, FL 33162	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	BM () Change (X) Addition DRUMMOND, TEDDY 1100 NE 160 TERRACE NORTH MIAMI BEACH, FL 33162	
Title: Name: Address: City-St-Zip:	()Delete	Title: Name: Address: City-St-Zip:	BM () Change (X) Addition NYTEZ, NICK 1100 NE 160 TERRACE NORTH MIAMI BEACH, FL 33162	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	BM () Change (X) Addition CHERRY, TIFFANY 1100 NE 160 TERRACE NORTH MIAMI BEACH, FL 33162	

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: SHAWN LORENZO BENAINE CEO 01/18/2009