## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P11000058051

Title: Name:

Title:

Name:

Address: City-St-Zip:

Address: City-St-Zip: MOORE, JASON 1548 ARCH ST

1548 ARCH ST

TAMPA, FL 33607 US

LEANDRE, WALDNER

TAMPA, FL 33607 US

Entity Name: MONEY BAG ENTERTAINMENT CORP

FILED Apr 30, 2012 Secretary of State

| Current Principal Place of Business:  |  | New Principal Place of Business: |                                    |  |
|---|--|----------------------------------|------------------------------------|--|
| 1548 ARCH<br>TAMPA, FL  |  |                                  |                                    |  |
| Current M   | ailing Address                             | ::                               | New Mailing Address                | <b>5:</b>                                    |
| 1548 ARCH<br>TAMPA, FL  |  |                                  |                                    |  |
| FEI Number:   |  | FEI Number Applied For ( )       | FEI Number Not Applicable (X)      | Certificate of Status Desired ( )            |
| Name and Address of Current Registered Agent: Name and Address of New Registered Agent: |  |                                  |                                    | f New Registered Agent:                      |
|   | J CT                                       |                                  |                                    |  |
| in the State  | a33607 US<br>named entity s<br>of Florida. | ubmits this statement for the p  | ourpose of changing its registered | d office or registered agent, or both,       |
| TAMPA, FL<br>The above  | a3607 US<br>named entity s<br>of Florida.  | ubmits this statement for the p  |                                    | d office or registered agent, or both,  Date |
| TAMPA, FL<br>The above<br>in the State<br>SIGNATUF                                      | a3607 US<br>named entity s<br>of Florida.  | c Signature of Registered Age    |                                    |  |

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: DEVARIS SHEPPARD P 04/30/2012