

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P22378

1. Entity Name

WORLD WRESTLING FEDERATION ENTERTAINMENT, INC.

Principal Place of Business

1241 EAST MAIN STREET
STAMFORD CT 06902

Mailing Address

1241 EAST MAIN STREET
STAMFORD CT 06902

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYES ST.
STE. 105
TALLAHASSEE FL 32301

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back).

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> Delete
NAME	SERPE, FRANK G	
STREET ADDRESS	1241 E MAIN ST	
CITY-ST-ZIP	STAMFORD CT 06902	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MCMAHON, LINDA E.	
STREET ADDRESS	1241 EAST MAIN STREET	
CITY-ST-ZIP	STAMFORD CT 06902	
TITLE	CFOT	<input checked="" type="checkbox"/> Delete
NAME	SAGES, DOUGLAS G.	
STREET ADDRESS	1241 EAST MAIN STREET	
CITY-ST-ZIP	STAMFORD CT 06902	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SNYDER, STUART	
STREET ADDRESS	1241 E MAIN ST	
CITY-ST-ZIP	STAMFORD CT 06902	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LIGUORI, AUGUST J	
STREET ADDRESS	1241 E MAIN ST	
CITY-ST-ZIP	STAMFORD CT 06902	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDWARD KAUFMAN	
STREET ADDRESS	1241 EAST MAIN STREET	
CITY-ST-ZIP	STAMFORD CT 06902	
TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LINDA E. MCMAHON	
STREET ADDRESS	1241 EAST MAIN STREET	
CITY-ST-ZIP	STAMFORD CT 06902	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Frank G. Serpe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/02

Date

203-352-8600

Daytime Phone #

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90234 018 ***150.00



DO NOT WRITE IN THIS SPACE

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