

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P22378

1. Entity Name  
WORLD WRESTLING ENTERTAINMENT, INC.



Principal Place of Business  
1241 EAST MAIN STREET  
STAMFORD, CT 06902

Mailing Address  
1241 EAST MAIN STREET  
STAMFORD, CT 06902

FILED

04 MAY 21 AM 5:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03142003 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
04-2693383

Applied For

Not Applicable

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

**6. Name and Address of Current Registered Agent**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

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 \$550.00  
Due by September 8, 2004**

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	VPD SERPE, FRANK G 1241 E MAIN ST STAMFORD, CT 06902
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCMAHON, LINDA E. 1241 EAST MAIN STREET STAMFORD, CT 06902
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KAUFMAN, EDWARD 1241 EAST MAIN STREET STAMFORD, CT 06902
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCMAHON, LINDA E 1241 EAST MAIN STREET STAMFORD, CT 06902
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

400037625114  
06/03/04--01032--016 \*\*550.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone #