## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P22378

May 14, 2008 Secretary of State

FILED

Entity Name: WORLD WRESTLING ENTERTAINMENT, INC.

**Current Principal Place of Business: New Principal Place of Business:** 1241 EAST MAIN STREET STAMFORD, CT 06902 **Current Mailing Address: New Mailing Address:** 1241 EAST MAIN STREET C/O TAX DEPARTMENT STAMFORD, CT 06902 FEI Number: 04-2693383 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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: Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: CFO ( ) Delete (X) Change ( ) Addition SERPE, FRANK G KAUFMAN, EDWARD Name: Name: 1241 E MAIN ST 1241 E MAIN ST Address: Address: STAMFORD, CT 06902 City-St-Zip: STAMFORD, CT 06902 City-St-Zip: Title: Title: CEOD () Delete (X) Change ( ) Addition Name: MCMAHON, LINDA E., Name: MCMAHON, LINDA E 1241 EAST MAIN STREET 1241 EAST MAIN STREET Address: Address: STAMFORD, CT 06902 STAMFORD, CT 06902 City-St-Zip: City-St-Zip: Title: Title: (X) Delete () Change () Addition KAUFMAN, EDWARD Name: Name: 1241 EAST MAIN STREET Address: Address: City-St-Zip: STAMFORD, CT 06902 City-St-Zip: Title: (X) Delete Title: () Change () Addition MCMAHON, LINDA E Name: Name: Address: 1241 EAST MAIN STREET Address: City-St-Zip: STAMFORD, CT 06902 City-St-Zip:

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: CRYSTAL FICKEN POA 05/14/2008