

FILED  
Apr 24, 2008 8:00 am  
Secretary of State

04-24-2008 90115 017 \*\*\*150.00

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P92000008859

1. Entity Name  
CHRIS BROWNE'S COMIC WORKS, INC.



40080183

Principal Place of Business  
531 REID STREET  
SARASOTA, FL 34242

Mailing Address

531 REID STREET  
SARASOTA, FL 34242

2. Principal Place of Business - No P.O. Box #  
**1005 S. Garfield Drive**

3. Mailing Address  
**1005 S. Garfield Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Sioux Falls, South Dakota**

City & State  
**Sioux Falls, South Dakota**

Zip

**57105**

Country

**USA**

Zip

**57105**

Country

**USA**



04212008 Chg-P CR2E034 (12/06)

4. FEI Number  
**65-0380343**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

LYONS, ROBERT G  
2033 MAIN STREET  
SUITE 600  
SARASOTA, FL 34237-7

7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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. 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 renotating)

DATE

**FILE NOW!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWNE, CHRIS 531 REID ST SARASOTA, FL 34242	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1005 S. Garfield Drive Sioux Falls, South Dakota 57105</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWNE, CARROLL A 531 REID ST SARASOTA, FL 34242	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1005 S. Garfield Drive Sioux Falls, South Dakota 57105</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, ASHLEY L 307 GRANDE AVE #1 SARASOTA, FL 34242	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Christopher Browne* Christopher Browne 4-20-08 605/271-0843

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #