

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000006039

**Entity Name:** A. ENTERTAINMENT ENTERPRISES, INC.**Current Principal Place of Business:**6400 CARRIER DRIVE  
ORLANDO, FL 32819**Current Mailing Address:**6400 CARRIER DRIVE  
ORLANDO, FL 32819 US**FEI Number:** 20-2898683**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ANDERSON, WENDY  
1353 PALMETTO AVENUE  
SUITE 100  
WINTER PARK, FL 32789 US*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:** WENDY ANDERSON

03/01/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                    |
|-----------------|--------------------|
| Title           | PRESIDENT          |
| Name            | RIBA, ANTHONY      |
| Address         | 6400 CARRIER DRIVE |
| City-State-Zip: | ORLANDO FL 32819   |

|                 |                    |
|-----------------|--------------------|
| Title           | SECRETARY          |
| Name            | RIBA, CHARLES      |
| Address         | 6400 CARRIER DRIVE |
| City-State-Zip: | ORLANDO FL 32819   |

|                 |                    |
|-----------------|--------------------|
| Title           | ACTING SECRETARY   |
| Name            | FALLS , DANIEL E   |
| Address         | 6400 CARRIER DRIVE |
| City-State-Zip: | ORLANDO FL 32819   |

*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:** DANIEL FALLS

SECRETARY

03/01/2023

Electronic Signature of Signing Officer/Director Detail

Date