

2007 FOR PROFIT CORPORATION ANNUAL REPORT

POSTING AUTHORIZATION

Date Apr 27, 2007 **FILED**
 Profit Center 08:00 A
 Account Code Secretary of State
 Job Cost _____
 Property / Project Manager _____
 Property / Project Senior Manager _____

DOCUMENT # G73531

1. Entity Name
 NTS/ORLANDO DEVELOPMENT COMPANY



Principal Place of Business
 C/O NTS CORPORATION
 10172 LINN STATION ROAD
 LOUISVILLE, KY 40223-3887

Mailing Address
 C/O NTS CORPORATION
 10172 LINN STATION ROAD
 LOUISVILLE, KY 40223-3887

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042007 Chg-P CR2E034 (12/06)

4. FEI Number
 61-1047138

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

HEEKIN, JR., JAMES F.
 215 N. EOLA DRIVE
 ORLANDO, FL 32801

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. 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 \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

10. OFFICERS AND DIRECTORS

TITLE CD ☐ Delete
 NAME NICHOLS, J.D.
 STREET ADDRESS 10172 LINN STATION RD.
 CITY-ST-ZIP LOUISVILLE, KY

TITLE P ☐ Delete
 NAME LAVIN, BRIAN F
 STREET ADDRESS 10172 LINN STATION RD.
 CITY-ST-ZIP LOUISVILLE, KY

TITLE VPT ☐ Delete
 NAME PITCHFORD, DAVID B.
 STREET ADDRESS 10172 LINN STATION ROAD
 CITY-ST-ZIP LOUISVILLE, KY 40223

TITLE VPS ☐ Delete
 NAME HOWARD, SUSAN M
 STREET ADDRESS 10172 LINN STATION ROAD
 CITY-ST-ZIP LOUISVILLE, KY

TITLE EVP ☐ Delete
 NAME WELLS, GREGORY A
 STREET ADDRESS 10172 LINN STATION RD
 CITY-ST-ZIP LOUISVILLE, KY 40223

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 000000737567
 05/11/07-80033-016 150.00

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: Susan M. Howard, VP/Sec Susan M. Howard 4/10/07 (502) 426-4800
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR VP/Secretary Date Daytime Phone #