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Mar 06, 2008 8:00 am  
Secretary of State

02-06-2008 90037 044 \*\*\*150.00

2008 FOR PROFIT CORPORATION  
ANNUAL REPORT

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DOCUMENT # P95000092498

1. Entity Name  
THE EVENT SOURCE, INC.



Principal Place of Business  
2100 PREMIER ROW  
ORLANDO, FL 32809

Mailing Address  
2100 PREMIER ROW  
ORLANDO, FL 32809

66002697



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-3412763

Applied For  
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

STONE, STEPHEN M  
725 NORTH MAGNOLIA AVENUE  
ORLANDO, FL 32803

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 a registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and side if applicable (NOTE: Registered Agent signature required when resigning)

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

|                 |                     |
|-----------------|---------------------|
| TITLE           | P                   |
| NAME            | NICHOLS, JR., R W   |
| STREET ADDRESS  | 2100 PREMIER ROW    |
| CITY - ST - ZIP | ORLANDO, FL         |
| TITLE           | V                   |
| NAME            | NICHOLAS, BRENDA G. |
| STREET ADDRESS  | 2100 PREMIER ROW    |
| CITY - ST - ZIP | ORLANDO, FL         |
| TITLE           |                     |
| NAME            |                     |
| STREET ADDRESS  |                     |
| CITY - ST - ZIP |                     |
| TITLE           |                     |
| NAME            |                     |
| STREET ADDRESS  |                     |
| CITY - ST - ZIP |                     |
| TITLE           |                     |
| NAME            |                     |
| STREET ADDRESS  |                     |
| CITY - ST - ZIP |                     |

DO NOT WRITE  
IN THIS SPACE

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: RICHARD W. NICHOLS 314/086402855-0229

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #