

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G73531

Entity Name: NTS/ORLANDO DEVELOPMENT COMPANY**Current Principal Place of Business:**

C/O NTS CORPORATION
600 N HURSTBOURNE PARKWAY SUITE 300
LOUISVILLE, KY 40222

Current Mailing Address:

C/O NTS CORPORATION
600 N HURSTBOURNE PARKWAY SUITE 300
LOUISVILLE, KY 40222

FEI Number: 61-1047138**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DC
Name NICHOLS, J D
Address 600 N HURSTBOURNE PARKWAY
SUITE 300
City-State-Zip: LOUISVILLE KY 40222

Title P
Name LAVIN, BRIAN F
Address 600 N HURSTBOURNE PARKWAY
SUITE 300
City-State-Zip: LOUISVILLE KY 40222

Title VPT
Name PITCHFORD, DAVID B
Address 600 N HURSTBOURNE PARKWAY
SUITE 300
City-State-Zip: LOUISVILLE KY 40222

Title EVP
Name WELLS, GREGORY A
Address 600 N HURSTBOURNE PARKWAY
SUITE 300
City-State-Zip: LOUISVILLE KY 40222

Title SVP, SECRETARY
Name TAFEL, ROSANN D ESQ.
Address C/O NTS CORPORATION
600 N HURSTBOURNE PARKWAY
SUITE 300
City-State-Zip: LOUISVILLE KY 40222

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: ROSANN D. TAFEL**SECRETARY****05/28/2014**

Electronic Signature of Signing Officer/Director Detail

Date