

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K77596

**Entity Name:** BACKSTAGE BILLIARDS OF ORLANDO, INC.**Current Principal Place of Business:**5656 INTERNATIONAL DR.  
ORLANDO, FL 32819**Current Mailing Address:**5656 INTERNATIONAL DR.  
ORLANDO, FL 32819 US**FEI Number:** 59-2899899**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LICATA, SAMUEL S  
5656 INTERNATIONAL DR  
ORLANDO, FL 32819 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	PT
Name	LICATA, SAMUEL S.
Address	5656 INTERNATIONAL DR.
City-State-Zip:	ORLANDO FL 32819

Title	VP
Name	LICATA, MICHAEL C SR.
Address	5656 INTERNATIONAL DR.
City-State-Zip:	ORLANDO FL 32819

Title	SECRETARY
Name	LICATA, ROBERT N SR.
Address	5656 INTERNATIONAL DR.
City-State-Zip:	ORLANDO FL 32819

Title	TREASURER
Name	LICATA, CHRISTOPHER J SR.
Address	5656 INTERNATIONAL DR.
City-State-Zip:	ORLANDO FL 32819

Title	GENERAL MANAGER
Name	MARIANI, MICHELLE
Address	5656 INTERNATIONAL DR.
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:** SAMUEL LICATA

PT

03/08/2019

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date