

**2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M07000006735

**FILED**  
**Mar 16, 2017**  
**Secretary of State**  
**CC8909501415**

**Entity Name:** ORLANDO EVENTS CENTER ENTERPRISES, LLC

**Current Principal Place of Business:**

8701 MAITLAND SUMMIT BLVD.  
ORLANDO, FL 32810

**Current Mailing Address:**

8701 MAITLAND SUMMIT BLVD.  
ORLANDO, FL 32810

**FEI Number:** 26-1321611

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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

**Authorized Person(s) Detail :**

Title MGRM  
Name ORLANDO MAGIC, LTD.  
Address 8701 MAITLAND SUMMIT BLVD.  
City-State-Zip: ORLANDO FL 32810

Title CEO  
Name MARTINS, ALEX  
Address 8701 MAITLAND SUMMIT BLVD  
City-State-Zip: ORLANDO FL 32810

Title CFO  
Name FRITZ, JAMES T  
Address 8701 MAITLAND SUMMIT BLVD.  
City-State-Zip: ORLANDO FL 32810

Title VP  
Name FREEMAN, CHARLES  
Address 8701 MAITLAND SUMMIT BLVD.  
City-State-Zip: ORLANDO FL 32810

Title VP  
Name CARLSON, CATHERINE  
Address 8701 MAITLAND SUMMIT BLVD.  
City-State-Zip: ORLANDO FL 32810

Title VP  
Name FORDE, MICHAEL  
Address 8701 MAITLAND SUMMIT BLVD.  
City-State-Zip: ORLANDO FL 32810

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JAMES FRITZ

**CFO**

**03/16/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date