

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000000900

**Entity Name:** SKYLINE EXHIBIT GROUP, INC.

**Current Principal Place of Business:**

144 BAIN DRIVE, SUITE 100  
LAVERGNE, TN 37086

**Current Mailing Address:**

144 BAIN DRIVE, SUITE 100  
LAVERGNE, TN 37086

**FEI Number:** 62-1798516

**Certificate of Status Desired:** Yes

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

AGENTS AND CORPORATIONS, INC.  
539 FIFTH AVENUE SOUTH  
SUITE 330  
NAPLES, FL 34102 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 P  
Name PANICO, FRANK  
Address 144 BAIN DRIVE, SUITE 100  
City-State-Zip: LAVERGNE TN 37086

Title S  
Name PANICO, RACHEL  
Address 144 BAIN DRIVE, SUITE 100  
City-State-Zip: LAVERGNE TN 37086

Title CONTROLLER  
Name WOLFORD, CHRISTY  
Address 144 BAIN DRIVE, STE 100  
City-State-Zip: LA VERGNE TN 37086

*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:** CHRISTY WOLFORD

**CONTROLLER**

**04/02/2024**

Electronic Signature of Signing Officer/Director Detail

Date