


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90115 020 \*\*\*150.00

|   |  |   |   |   |  |
|---|--|---|---|---|--|
| <b>DOCUMENT # 845185</b><br>1. Entity Name<br>ICE FOLLIES AND HOLIDAY ON ICE, INC.  |  |   |   |    |  |
| Principal Place of Business<br>8607 WESTWOOD CENTER DRIVE<br>VIENNA, VA 22182   |  |   | Mailing Address<br>8607 WESTWOOD CENTER DRIVE<br>VIENNA, VA 22182 |   |  |
| 2. Principal Place of Business  |  | 3. Mailing Address  |   |   |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.<br><i>Tax Dept - 3<sup>rd</sup> floor</i>                       |   |   |  |
| City & State  |  | City & State  |   |   |  |
| Zip   | Country  | Zip   | Country   |   |  |
| 6. Name and Address of Current Registered Agent   |  |   | 7. Name and Address of New Registered Agent                       |   |  |
| UNITED STATES CORPORATION COMPANY<br>1201 HAYES ST STE 105<br>TALLAHASSEE, FL 32301   |  |   | Name  |   |  |
|   |  |   | Street Address (P.O. Box Number is Not Acceptable)                |   |  |
|   |  |   | City  |   |  |
|   |  |   | FL Zip Code   |   |  |
| 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 registered agent.   |  |   |   |   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |  |   |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b>   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be</b><br><b>Added to Fees</b>  |  |
| 10. OFFICERS AND DIRECTORS  |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11             |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | CCEO<br>FELD, KENNETH J.<br>9609 HALTER COURT<br>POTOMAC, MD 0, <input type="checkbox"/> Delete        |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VSD<br>SOWALSKY, JEROME S.<br>8613 CHATEAU DRIVE<br>POTOMAC, MD <input type="checkbox"/> Delete        |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VTCF<br>RUCH, MICHAEL<br>1342 27TH ST. N.W.<br>WASHINGTON, DC 20007 <input type="checkbox"/> Delete    |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    | SR. VP & TREASURER<br>MICHAEL LITTLE<br>8607 WESTWOOD CENTER DR<br>VIENNA VA 22182 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | AT<br>DAVIS, DUANE D. J<br>11651 STONEVIEW SQ. #2B<br>RESTON, VA 20191 <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    | ASSISTANT TREASURER<br>KEITH SENGCLAUB<br>8607 WESTWOOD CENTER DR<br>VIENNA VA 22182 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>KEITH SENGCLAUB</i> <b>KEITH SENGCLAUB</b> 4/29/05 (703) 448-4800<br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ASST. TREASURER Date Daytime Phone #  |  |   |   |   |  |