2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 845185

Entity Name: ICE FOLLIES AND HOLIDAY ON ICE, INC

FILED Apr 22, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
8607 WES VIENNA, \	STWOOD CEN /A 22182	ITER DRIVE			
Current Mailing Address:			New Mailing Address:		
8607 WES ATTN TAX VIENNA, \		ITER DRIVE			
FEI Number	: 52-1148565	FEI Number Applied For ()	FEI Number Not App	licable () Certificate of State	us Desired ()
Name and	l Address of (Current Registered Agent:	Name and	Address of New Registered	Agent:
1201 HAYI TALLAHA	ES ST STE 10 SSEE, FL 323	01 US			
	e named entity e of Florida.	submits this statement for the p	ourpose of changing i	ts registered office or registered	dagent, or both,
SIGNATUI	RE:				
	Electro	nic Signature of Registered Age	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	FELD, KENNE	OOD CENTER DRIVE	Title: Name: Address: City-St-Zip:	CCEO (X) Change () Addition FELD, KENNETH 8607 WESTWOOD CENTER DRIVE VIENNA, VA 22182	
Title: Name: Address: City-St-Zip:	SOWALSKY, J	OOD CENTER DRIVE	Title: Name: Address: City-St-Zip:	VSD (X) Change () Addition SOWALSKY, JEROME 8607 WESTWOOD CENTER DRIVE VIENNA, VA 22182	
Title: Name: Address: City-St-Zip:	SHANNON, MIC	OOD CENTER DR	Title: Name: Address: City-St-Zip:	PCOD (X) Change () Addition SHANNON, MICHAEL 8607 WESTWOOD CENTER DR VIENNA, VA 22182	n
Title: Name: Address: City-St-Zip:	LITTLE, MICHA	OOD CENTER DRIVE	Title: Name: Address: City-St-Zip:	SVPD (X) Change () Addition LITTLE, MICHAEL 8607 WESTWOOD CENTER DRIVE VIENNA, VA 22182	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	VAT () Change (X) Addition SENGLAUB, KEITH 8607 WESTWOOD CENTER DRIVE VIENNA, VA 22182	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KEITH SENGLAUB VAT 04/22/2009