

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 845185

FILED
Apr 27, 2012
Secretary of State

Entity Name: ICE FOLLIES AND HOLIDAY ON ICE, INC.

Current Principal Place of Business:

8607 WESTWOOD CENTER DRIVE
VIENNA, VA 22182

New Principal Place of Business:

Current Mailing Address:

8607 WESTWOOD CENTER DRIVE
ATTN TAX DEPT
VIENNA, VA 22182

New Mailing Address:

FEI Number: 52-1148565

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION COMPANY
1201 HAYES ST STE 105
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: CCEO
Name: FELD, KENNETH
Address: 8607 WESTWOOD CENTER DRIVE
City-St-Zip: VIENNA, VA 22182

Title: VSD
Name: SOWALSKY, JEROME
Address: 8607 WESTWOOD CENTER DRIVE
City-St-Zip: VIENNA, VA 22182

Title: PCOD
Name: SHANNON, MICHAEL
Address: 8607 WESTWOOD CENTER DR
City-St-Zip: VIENNA, VA 22182

Title: SVPT
Name: SENGLAUB, KEITH
Address: 8607 WESTWOOD CENTER DRIVE
City-St-Zip: VIENNA, VA 22182

Title: VPAT
Name: LEVAN, WILLIAM
Address: 8607 WESTWOOD CENTER DRIVE
City-St-Zip: VIENNA, VA 22182

Title: VPD
Name: STRAUSS, NICOLE F
Address: 350 FIFTH AVE SUITE 5119
City-St-Zip: NEW YORK, NY 10118

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: WILLIAM LEVAN

VPAT

04/27/2012

Electronic Signature of Signing Officer or Director

Date