## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # F01000002973

1. Entity Name
OHIO ENTERTAINMENT CORPORATION



FILED Apr 04, 2006 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

150 EAST GAY ST COLUMBUS, OH 43215 150 EAST GAY ST COLUMBUS, OH 43215

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 $\Box$ 

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01132006 No Chg-P CR2E034 (11/05)

4. FEI Number 31-1777568

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301

## DO NOT WRITE IN THIS SPACE

		}			
8. The above the obliga	a named entity submits this statement for the p tions of registered agent.	urpose of changing its registered of	fice or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and bits if				
	Signature, typed or priviled that is or registered agent and title to	application (NOTE: Hegistered Agen	it signaturi	required when remetaling)	DATE
	E NOWIII FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	<ol> <li>Election Campaign Financing Trust Fund Contribution.</li> </ol>		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE	coo				
NAME	LOEB, MARSHAL A				
STREET ADDRESS	150 EAST GAY STREET	1			
CITY-ST-ZIP	COLUMBUS, OH 43215	1			
TITLE	PCEO	·			800000491021
NAME	GLIMCHER, MICHAEL P	1			04/19/06-80005-015 150.00
STREET ADDRESS	150 EAST GAY STREET	3			1744 134 NO000002013 120.00
CITY-ST-ZIP	COLUMBUS, OH 43215				
TITLE	CFO				
NAME	YALA, MARK E				
STREET ADDRESS	150 EAST GAY STREET	· •		<b>D</b> A	MOTAMBITE
City-Si-Zip	COLUMBUS, OH 43215			DO	NOT WRITE
TITLE	VSGC			INI T	TUIC COACE
NAME .	SCHMIDT, GEORGE A			FEA :	THIS SPACE
STREET ADDRESS ;	150 EAST GAY STREET	1			
CITY-ST-ZIP	COLUMBUS, OH 43215	1			
TITLE	VPE				
HAME	INDEST, LISA A				
STREET ADDRESS	150 EAST GAY STREET	1			1
CITY-ST-27P	COLUMBUS, OH 43215	1			•
UTLE					}
NAME		· ·			}

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I turther 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 507, 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:

STREET ADDRESS CITY-ST-AP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/36 6/4.621.9000 Date Dayling Proces