2007 FOR PROFIT CORPURATION

May 01, 2007 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # F01000002973 05-01-2007 90021 031 ***150.00 OHIO ENTERTAINMENT CORPORATION Mailing Address Principal Place of Business 150 EAST GAY ST 150 EAST GAY ST COLUMBUS, OH 43215 COLUMBUS, OH 43215 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04182007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 31-1777568 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301 City 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. coo TITLE Delete TITLE Change Addition LOEB, MARSHAL A NAME NAME 150 EAST GAY STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COLUMBUS, OH 43215 **PCEO** Delete TITLE ☐ Change TITLE Addition GLIMCHER, MICHAEL P NAME NAME 150 EAST GAY STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COLUMBUS, OH 43215 CITY-ST-ZIP **CFO** Change ☐ Delete TITLE TITLE Addition Yale, Mark E. YALA, MARK E NAME NAME STREET ADDRESS 150 EAST GAY STREET STREET ADDRESS CITY-ST-7IP COLUMBUS, OH 43215 CiTY-ST-7IP TITLE ☐ Delete TITLE Addition Rieck, Kim SCHMIDT, GEORGE A NAME NAME STREET ADDRESS 150 EAST GAY STREET STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 rustee 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.

TITLE

NAME

TITI F

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

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SIGNATURE: _

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE

NAME

COLUMBUS, OH 43215

150 EAST GAY STREET

COLUMBUS, OH 43215

INDEST, LISA A

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Change

☐ Change

☐ Addition

Addition

FILED