2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2008 8:00 am Secretary of State

1. Entity Nam OHIO EN	MENT # F01000002 TERTAINMENT CORPORA						90126 018 1			
Principal Place	e of Business	Mailing Address	1	- 4	LUUJ	LIUJ				
150 EAST GAY ST		150 EAST GAY ST								
COLUMBUS, OH 43215		COLUMBUS, OH 43215								
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2 Principal P	land of Puniones No P.O. Boy #	3. Mailing Address								
2. Principal Place of Business - No P.O. Box # 180 EAST BROAD STREET		180 EAST BROAD STREET		j 18			ii Baiil Baiid Bia (3)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		0400	0000	0t - D	00000474	a 100)		
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4321	5 USA → 6:-Name and Address of Current		USA		ne and A	ddress of New R		<u> </u>		
			Name				-			
	ATION SERVICE COMPANY		Ctuant (Street Address (P.O. Box Number is Not Acceptable)						
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			City				F : Z	ip Cod	le .	
The above named entity submits this statement for the purpose of changing its register.				<u> </u>						
	named entity submits this statement for ions of registered agent.	or the purpose of changing its re	egistered office o	r registered agen	t, or both,	in the State of Flo	orida. I am famili	ar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered agent	and tills it applicable (NOTE)	Redustared Ament sinna	ture required when reins	ataol		DATE			
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12. I hereby certify that the information supplied with this filing 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 fusitee empowered to execute this reduct as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment without address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

614-621-9000 Daytime Phone #