

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # F95000001618

1. Entity Name
IMS EVENTS, INC.



Principal Place of Business
4790 WEST 16TH STREET
INDIANAPOLIS, IN 46222

Mailing Address
4790 WEST 16TH STREET
INDIANAPOLIS, IN 46222



01182007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
35-1943070

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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 restateating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

UN00000608225
02/01/07-80001-021 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
GEORGE, ANTON H
4790 WEST 16TH STREET
INDIANAPOLIS, IN 46222

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DS
BRIGHTON, W. CURTIS
4790 WEST 16TH STREET
INDIANAPOLIS, IN 46222

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VPT
BELSKUS, JEFFREY G
4790 WEST 16TH STREET
INDIANAPOLIS, IN 46222

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
SNYDER, JACK R
4790 WEST 16TH STREET
INDIANAPOLIS, IN 46222

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
GEORGE, MARI H
4790 WEST 16TH STREET
INDIANAPOLIS, IN 46222

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
FORBES, KEVIN
4790 WEST 16TH STREET
INDIANAPOLIS, IN 46222

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IN THIS SPACE**

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 trustee 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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeffrey G.
Belskus

Date

Daytime Phone #

1/18/07 317-492-6730