


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 08:00 AM
Secretary of State

DOCUMENT # F97000004974
 1. Entity Name
BELZ PARTNERS ORLANDO, INC.



Principal Place of Business 100 PEABODY PL., STE. 1400 MEMPHIS, TN 38103	Mailing Address 100 PEABODY PL., STE. 1400 MEMPHIS, TN 38103
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DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 62-1732231	Applied For Not Applicable
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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

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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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BELZ, JACK A 100 PEABODY PL., STE. 1400 MEMPHIS, TN 38103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BELZ, MARTIN S 100 PEABODY PL., STE. 1400 MEMPHIS, TN 38103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BELZ, RONALD A 100 PEABODY PL., STE. 1400 MEMPHIS, TN 38103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GROVEMAN, ANDREW J 100 PEABODY PL., STE. 1400 MEMPHIS, TN 38103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WILLIAMS, JIMMIE D 100 PEABODY PL., STE. 1400 MEMPHIS, TN 38103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000013203
 01/26/04-80044-008 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **Jimmie D Williams** 1/17/04 901-711-4180
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #