

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F98000000318

1. Entity Name
SSL GP CORP.



FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90287 012 ***150.00

Principal Place of Business
21301 POWERLINE ROAD
SUITE 312
BOCA RATON, FL 33433 US

Mailing Address
P.O. BOX 11229
KNOXVILLE, TN 37939 US



02252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0816657

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEVIN, STEVEN
21301 POWERLINE ROAD
SUITE 312
BOCA RATON, FL 33433

**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 reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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
P/D
LEVIN, STEVEN
21301 POWERLINE ROAD STE. 312
BOCA RATON, FL 33433

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V/T
LEVIN, JILL
5410 HOMBERG DRIVE SUITE A
KNOXVILLE, TN 37919

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
EMONT, MICHAEL J
30 ROCKFELLER PLAZA
NEW YORK, NY 10112

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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

Jill Levin, Vice President

Date

2/28/05

Daytime Phone #