


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90067 002 \*\*\*150.00

|  |   |
|--|---|
| <b>DOCUMENT # F98000000318</b><br>1. Entity Name<br>SSL GP CORP. |  |
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|  |   |
|--|---|
| Principal Place of Business<br>925 S FEDERAL HWY<br>SUITE 425<br>BOCA RATON, FL 33432 US | Mailing Address<br>P.O. BOX 11229<br>KNOXVILLE, TN 37939 US |
|--|---|

40064340



02062007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

|   |  |
|---|--|
| 4. FEI Number<br>65-0816657                               | Applied For<br>Not Applicable            |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional<br>Fee Required |

|   |                                       |
|---|---------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>LEVIN, STEVEN<br>21301 POWERLINE ROAD<br>SUITE 312<br>BOCA RATON, FL 33433 | <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
|---|---------------------------------------|

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

|   |   |
|---|---|
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |
|---|---|

|  |  |                                       |
|--|--|---------------------------------------|
| <b>10. OFFICERS AND DIRECTORS</b>              |  | <b>DO NOT WRITE<br/>IN THIS SPACE</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P/D<br>LEVIN, STEVEN<br>925 S FEDERAL HWY, STE 425<br>BOCA RATON, FL 33432 |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V/T<br>LEVIN, JILL<br>5410 HOMBERG DRIVE SUITE A<br>KNOXVILLE, TN 37919    |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>EMONT, MICHAEL J<br>30 ROCKFELLER PLAZA<br>NEW YORK, NY 10112         |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |                                       |

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:**  **Jill Levin, Treasurer** **2/19/07** **(865) 584-4175**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #