2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2008 08:00 A
Secretary of State

DOCUMENT # F98000000318

1. Entity Name
SSL GP CORP.

Principal Place of Business	Mailing Address
925 S FEDERAL HWY SUITE 425 BOCA RATON, FL 33432 US	P.O. BOX 11229 KNOXVILLE, TN 37939 US

01222008 No Chg-P CR2E034 (11/05)

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P/D
NAME	LEVIN, STEVEN
STREET ADDRESS	925 S FEDERAL HWY, STE 425
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	V/T
NAME	LEVIN, JILL
STREET ADDRESS	5410 HOMBERG DRIVE SUITE A
CITY-ST-ZIP	KNOXVILLE, TN 37919
TITLE	S
NAME	EMONT, MICHAEL J
STREET ADDRESS	30 ROCKFELLER PLAZA
CITY-ST-ZIP	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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04/03/08-80064-025 150.00

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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 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 2/4/08 (865) 584-4175
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #