

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 29, 2004 8:00 am
Secretary of State

07-29-2004 90001 043 ***550.00

DOCUMENT # F99000000347

1. Entity Name
OMNITICKET NETWORK INC.



Principal Place of Business
**4501 VINELAND ROAD
SUITE 109
ORLANDO, FL 32811**

Mailing Address
**4501 VINELAND ROAD
SUITE 109
ORLANDO, FL 32811**

54065458



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07062004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-3550698

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LANGDON, WILLIAM
7680 UNIVERSAL BLVD., SUITE 170
ORLANDO, FL 32819**

7. Name and Address of New Registered Agent

Name **Glenn M. Carlson**

Street Address (P.O. Box Number is Not Acceptable)

4501 Vineland Rd., Suite 109

City **Orlando**

FL

Zip Code
32811

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

Glenn M. Carlson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/23/04

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME	P	<input type="checkbox"/> Delete
STREET ADDRESS	MORO, PAOLO	
CITY-ST-ZIP	7680 UNIVERSAL BLVD., SUITE 170 ORLANDO, FL 32819	
TITLE NAME	D	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	SISSMANN, PIERRE	
CITY-ST-ZIP	7680 UNIVERSAL BLVD., SUITE 170 ORLANDO, FL 32819	
TITLE NAME	D	<input type="checkbox"/> Delete
STREET ADDRESS	MCBRIEN, NICK	
CITY-ST-ZIP	7680 UNIVERSAL BLVD., SUITE 170 ORLANDO, FL 32819	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4501 Vineland Rd. Suite 109
CITY-ST-ZIP	Orlando, FL 32811
TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4501 Vineland Rd. Suite 109
CITY-ST-ZIP	Orlando, FL 32811
TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4501 Vineland Rd., Suite 109
CITY-ST-ZIP	Orlando, FL 32811
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

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 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

Date

Daytime Phone #

9/26/04