2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2005 8:00 am
Secretary of State
04-04-2005 90406 001 ***300.00

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1. Entity Name
OMNITICKET NETWORK INC.

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

66016804

03232005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

CARLSON, GLENN M
4501 VINELAND RD
STE 109
ORLANDO, FL 32811

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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: Glenn M. Carlson — General Manager — 28 Mar 05
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	P
NAME	MORO, PAOLO
STREET ADDRESS	4501 VINELAND RD STE 109
CITY-ST-ZIP	ORLANDO, FL 32811
TITLE	D
NAME	SISSMANN, PIERRE
STREET ADDRESS	4501 VINELAND RD STE 109
CITY-ST-ZIP	ORLANDO, FL 32811
TITLE	D
NAME	MCBRIEN, NICK
STREET ADDRESS	4501 VINELAND RD STE 109
CITY-ST-ZIP	ORLANDO, FL 32811
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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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: N. MCBRIEN — 20 April 2005 — 407 370 2900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #