## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED**

## Apr 27, 2005 8:00 am Secretary of State

DOCUMENT # G73531  1. Entity Name NTS/ORLANDO DEVELOPMENT COMPANY						04-27-2005	90346 002 *	***150	).00
		Mailing Address C/O NTS CORPORATION 10172 LINN STATION ROAD LOUISVILLE, KY 40223-3887		1,000		)49049			
2. Principal P	lace of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03212005	Chg-P	CR2E034 (	10/03)		
City & State		City & State			4. FEI Numb 61-104			<b></b>	oplied For ot Applicable
Zip	Country	Zip	Count	try 		of Status Desired	Fee	75 Add Require	
	6. Name and Address of Current	Registered Agent		NI	7. Name and	Address of New F	Registered Agen	ıt	
BAVEC B	ICHABD D			Name "T	ames F. H	leekin. J	Ιr.		
BAVEC, RICHARD D 690 LAKE FOREST BLVD. LAKE FOREST, FL 32771					dress (P.O. Box Numb				
				215 N	I. Eola Di	ive		Zip Cod	
					and.o.		FL	3280	ຶ້ 1
	named entity submits this statement fo ions of registered agent.	r the purpose of changing its	registere	ed office or re	egistered agent, or bo	th, in the State of Fl	orida. I am famil	iar with,	and accept
SIGNATURE_	Signature, Noed or printed name of registered agenty	and tule of applicable (NIOT	E B	Agont experture	required when reinstaling)		4/22/0	5	
	Signature, tiped or printed name of registered agent	по ще паррпсави. (мог	c. Hegieterec	a coffee a selection of	required when reinstating)		DATE.		
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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 eath; 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:	usan m Loward, Secreta	m 4/21/05	(502)426-4800
SIGNAT	TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<b>J</b> Date	Daytime Phone #