FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CITY-ST-7IP

May 01 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS **199**8 DOCUMENT # K12088 (6)TICKETS TO GO, INC. Principal Place of Business Mailing Address % SANDRA G. MOSS 2462 CASTLEWOOD RD 174 OXFORD RD. FERN PARK FL \$2730 DO NOT WRITE IN THIS SPACE MAITLAND FL 32751 3. Date Incorporated or Qualified 01/15/1988 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 59-2870024 Not Applicable 26 Sulte, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Zω Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MOSS. SANDRA G. 2462 CASTLEWOOD RD Street Address (P.O. Box Number is Not Acceptable) 82 MAITLAND FL 32751 83 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PSD DELETE 1111116 Change Addition TITLE MOSS, SANDRA G NAME 1.2 NAME 2462 CASTLEWOOD RD STREET ADDRESS 1.3 STREET ADDRESS MAITLAND FL CITY-ST-ZIP 1.4 CITY - ST- ZIP DELETE Change Addition 2.1 TITLE MOSS, ALAN NAME 22 NAME 2462 CASTLEWOOD RD STREET ADDRESS 23 STREET ADDRESS MAITLAND FL CITY-ST-ZIP 2.4 CITY-ST-ZIP Change DELETE Addition TITLE 3.1 TITLE BRENNER, LINDA M. NAME 3.2 NAME 874 CYNTHIANA CIRCLE STREET ADDRESS 3 3 STREET ADDRESS ALTAMONTE SPRINGS FL CITY-ST-ZIP 3.4. CITY - ST - ZIP TITLE DELETE 4.1 TITLE Change Addition MOSS, JEFFREY A. NAME 4. 2 NAME 2508 MOHAWK TR STREET ADDRESS 4.3 STREET ADDRESS MAITLAND FL CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change __ Addition TITLE 5.1 THEF NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. Thereby 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 annual report or supplemental airmal 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 12 or Block 13 if changed, or on an attachment with an address.

FILED