

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 26, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # K12088**1. Entity Name  
TICKETS TO GO, INC.

## Principal Place of Business

174 OXFORD RD.

FERN PARK  
32730

FL

US

## Mailing Address

% SANDRA G. MOSS

2462 CASTLEWOOD RD  
MAITLAND  
32751

FL

## 2. Principal Place of Business

## 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

## 4. FEI Number

59-2870024

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

MOSS, SANDRA G.  
2462 CASTLEWOOD RDMAITLAND  
32751

FL

## 7. Name and Address of New Registered Agent

Name

MOSS SANDRA GMRS

Street Address (P.O. Box Number is Not Acceptable)  
2462 CASTLEWOOD RDCity  
MAITLAND

FL

Zip Code  
32751

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.

SIGNATURE **SANDRA G. MOSS**

04/26/2001

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

## 11. OFFICERS AND DIRECTORS

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE T ☐ Delete  
NAME MOSS JEFFREY A.  
STREET ADDRESS 2508 MOHAWK TR  
CITY-ST-ZIP MAITLAND FLTITLE T ☒ Change ☐ Addition  
NAME MOSS JEFFREY A  
STREET ADDRESS 2508 MOHAWK TR  
CITY-ST-ZIP MAITLAND FL 32751TITLE V ☐ Delete  
NAME BRENNER LINDA M.  
STREET ADDRESS 874 CYNTHIANA CIRCLE  
CITY-ST-ZIP ALTAMONTE SPRINGS FLTITLE V ☒ Change ☐ Addition  
NAME BRENNER LINDA M  
STREET ADDRESS 874 CYNTHIANA CIRCLE  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701TITLE D ☐ Delete  
NAME MOSS, ALAN  
STREET ADDRESS 2462 CASTLEWOOD RD  
CITY-ST-ZIP MAITLAND FLTITLE D ☒ Change ☐ Addition  
NAME MOSS ALAN  
STREET ADDRESS 2462 CASTLEWOOD RD  
CITY-ST-ZIP MAITLAND FL 32751TITLE PSD ☐ Delete  
NAME MOSS, SANDRA G  
STREET ADDRESS 2462 CASTLEWOOD RD  
CITY-ST-ZIP MAITLAND FLTITLE PSD ☒ Change ☐ Addition  
NAME MOSS SANDRA GMRS  
STREET ADDRESS 2462 CASTLEWOOD RD  
CITY-ST-ZIP MAITLAND FL 32751TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SANDRA G. MOSS**

PSD

04/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)