


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N28156</b>	
1. Entity Name <b>FLORIDA PROFESSIONAL PRESENTER'S CONSORTIUM, INC.</b>	

Principal Place of Business <b>KING CENTER F/T PERF ARTS MELBOURNE, FL 32935 US</b>	Mailing Address <b>3865 N.WICKHAM ROAD MELBOURNE, FL 32935 US</b>
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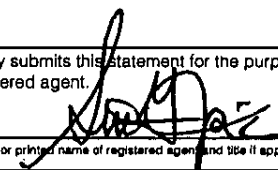
01092008 No Chg-NP CR2E037 (4/06)

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4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>JANICKI, STEVEN G KING CENTER FOR THE PERFORMING ARTS 3865 N.WICKHAM ROAD MELBOURNE, FL 32935</b>
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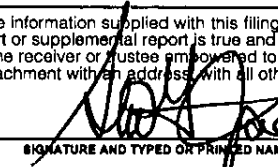
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <b>1-9-2009</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>000000800774</b> <b>01/31/08-80030-020 61.25</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KRATISH, JILL 201 SOUTHWEST 5TH AVE FORT LAUDERDALE, FL 33312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOSEPH, JUDY 1010 N. MACINNES PLACE TAMPA, FL 33601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JANICKI, STEVE 3865 N WICKHAM RD MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JANICKI, STEVEN 3865 N.WICKHAM ROAD MELBOURNE, FL 32935
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 exemptions contained in Chapter 119, 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 617, 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <b>1-22-2008</b> DAYTIME PHONE # <b>321-432-5719</b>