



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90061 048 ****61.25

DOCUMENT # N32498					
1. Entity Name INTERNATIONAL SPECIAL EVENTS SOCIETY, INC.					
Principal Place of Business 7154 N. UNIVERSITY DRIVE #299 TAMARAC, FL 33321 US			Mailing Address 7154 N. UNIVERSITY DRIVE #299 TAMARAC, FL 33321 US		
2. Principal Place of Business - No P.O. Box # 1704 Box 134 St.		3. Mailing Address P.O. Box 350603			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04112007 Chg-NP CR2E037 (12/06)	
City & State Fort Lauderdale, FL		City & State Fort Lauderdale, FL		4. FEI Number 33-0302596	
Zip 33312		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SILVERMAN, LAURA 7154 N. UNIVERSITY DRIVE #299 TAMARAC, FL 33321		7. Name and Address of New Registered Agent Name: <u>MARK GRASSINI</u> Street Address (P.O. Box Number is Not Acceptable): <u>1704 SW 134 Street</u> City: <u>Fort Lauderdale</u> <u>FL</u> Zip Code: <u>33312</u>			
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: <u>MARK GRASSINI, MARK GRASSINI, VP</u> DATE: <u>4-11-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE P NAME VILLACRES, WICHITA STREET ADDRESS 5410 SW 130TH AVENUE CITY-ST-ZIP FT. LAUDERDALE, FL 33330	<input checked="" type="checkbox"/> Delete		TITLE President NAME Richard Lauzier STREET ADDRESS 5574 West Park Road CITY-ST-ZIP Hollywood, FL 33021	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VP NAME GRASSINI, MARK STREET ADDRESS 1704 SW 13TH ST CITY-ST-ZIP FT. LAUDERDALE, FL 33312	<input type="checkbox"/> Delete		(Empty row for additions/changes)		
TITLE VP NAME ORISTANO, JAMIE STREET ADDRESS 1177 SAWGRASS CORPORATE PKWY CITY-ST-ZIP SUNRISE, FL 33323	<input checked="" type="checkbox"/> Delete		TITLE VP NAME Kellyann Bright STREET ADDRESS 2309 NW 25th Ave CITY-ST-ZIP Pompano Beach, FL 33069	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VP NAME CAMBRIA, PHYLLIS STREET ADDRESS 2250 SEAGRAPE CIRCLE CITY-ST-ZIP COCONUT CREEK, FL 33066	<input type="checkbox"/> Delete		(Empty row for additions/changes)		
TITLE (Empty) NAME (Empty) STREET ADDRESS (Empty) CITY-ST-ZIP (Empty)	<input type="checkbox"/> Delete		(Empty row for additions/changes)		
TITLE (Empty) NAME (Empty) STREET ADDRESS (Empty) CITY-ST-ZIP (Empty)	<input type="checkbox"/> Delete		(Empty row for additions/changes)		
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: <u>MARK GRASSINI</u>		<u>4-11-07</u>		<u>954-895-7536</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	