2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N36518

Entity Name: ORLANDO/ORANGE COUNTY COMPACT, INC.

FILED Oct 27, 2004 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:				
445 W. AMI ORLANDO,		US						
Current Mailing Address:				New Mailing Address:				
445 W. AMELIA ST. ORLANDO, FL 32801 US				P. O. BOX 1073 ORLANDO, FL 328021073 US				
FEI Number:	59-0232107	FEI Number Applied For()	FEI Num	ber Not Appli	cable ()	Certificate of	Status Desired ()	
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:			
FULLER, A. GEORGE 445 WEST AMELIA STREET 7TH FLOOR ORLANDO, FL 32801 US				FULLER, ARTHUR G DIR. 445 WEST AMELIA STREET P. O. BOX 1073 ORLANDO, FL 328021073 US				
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: ARTHUR GEORGE FULLER				10/27/2004				
	Electron	ic Signature of Registered Agen	t			Date		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	D () GONZALEZ, LIN 6990 LAKE ELL ORLANDO, FL	ENOR DR		Title: Name: Address: City-St-Zip:	D (X) GONZALEZ, LIN 6000 LAKE ELL ORLANDO, FL	ENOR DR	dition	
Title: Name: Address: City-St-Zip:	ETSCORN, JAN	AVENUE, SUITE 2300		Title: Name: Address: City-St-Zip:	()	Change () Add	dition	
Title: Name: Address: City-St-Zip:	FULLER, A. GE	STREET 7TH FLOOR		Title: Name: Address: City-St-Zip:	()	Change () Add	dition	
Title: Name: Address: City-St-Zip:	D () BLUE, TRACI 129 GORE STR ORLANDO, FL			Title: Name: Address: City-St-Zip:	D (X) BLUE, TRACI 400 S. ORANGE ORLANDO, FL		dition	
Title: Name: Address: City-St-Zip:	D () TORRES, ANIB. 633 N ORANGE ORLANDO, FL	AVENUE		Title: Name: Address: City-St-Zip:	()	Change () Add	dition	
Title: Name: Address: City-St-Zip:	S () WALDEN, ROY 135 W CENTRA ORLANDO, FL	AL AVE		Title: Name: Address: City-St-Zip:	()	Change () Add	dition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARTHUR GEORGE FULLER DIR 10/27/2004