DOCUMENT # N9600002380

WORLD TRADE CENTER ORLANDO, INC.

Principal Place of Business	Mailing Address					
201 S ORANGE SUITE 1070 ORLANDO FL 32801	201 S ORANGE SUITE 1070 ORLANDO FL 32801					
2. Principal Place of Business	3. Mailing Address					

201 S ORANG SUITE 1070 ORLANDO FL		201 S ORANGE SUITE 1070 ORLANDO FL 32801					4 103 (101	II 340 10110 0 1111 00 111 0 011	.) Bakis kassi di		2 ()) 23)) (30)
2. Principal F	2. Principal Place of Business 3. Mailing Address										
Suite, Apt. #, etc. Suite, Apt. #, etc.							DO NOT WRIT	E IN THIS	SPACE		
City & Sta	te		City & State				4. FEI Number 59-3082996 Applied For Not Applical				
Zip	_	Country	Zip	Cou	untry		5. Certificate	of Status Desired		\$8.75 Add	ditional
	6. Name	and Address of Current R	legistered Agent				7. Name and	Address of New R			
					Name						
DECUBELLIS, DAN				Street A	ddress (I	(P.O. Box Number is Not Acceptable)					
	ORANGE A	VENUE									
ORLANDO FL 32801					City				FL	Zip Cod	e
8. The above	named entity	y submits this statement for	the purpose of changing its r	egistere	ed office or	register	ed agent, or bo	th, in the state of Flo	rida.		
SIGNATURE	Signature, typed	or printed name of registered agent ar	nd title if applicable. (NOTE:	Registere	d Agent signatu	beriuper eru	when reinstating)		DATE		
*******								1			
FILE NOW: 9. Election Campaign Fire IS \$61.25 Trust Fund Contribution				ng 🗆		O May Be to Fees		Check F partment	Payable to of State	•	
10.		OFFICERS AND DIRE	CTORS	11.		Α	ODITIONS/CH	I ANGES TO OFFICEI	RS AND DIF	RECTORS IN	10
TITLE	PD		☐ Delete	TITLE						Change	Addition
NAME	SUTTON,			NAM							
STREET ADDRESS CITY-ST-ZIP	105 E. RC				ET ADDRESS -ST-ZIP						
	VD) FL 32801		1							
TITLE NAME	ASTA, RIC	יע	☐ Delete	TITLE						☐ Change	☐ Addition
STREET ADDRESS	105 E. RC		ON		ET ADDRESS						
CITY-ST-ZIP+		FL 32801			-ST-ZIP			· -	~ -		
TITLE	17		☐ Delete	TITLE	:					Change	☐ Addition
NAME	WRIGHT,	Konneth		NAME	 						
STREET ADDRESS	200 S OR	ANGE STE 2300			ET ADDRESS						
CITY-ST-ZIP		FL 32801	<u> </u>	CITY-	·ST-ZIP						
TITLE	SD	FARAE RR	☐ Delete	TITLE						Change	☐ Addition
NAME STREET ADDRESS		EORGE DR DLAKE ROAD, MP 515		NAME	1						ļ
CITY-ST-ZIP		DLAKE HUAD, MP 313 FL 32819-8907			ET ADORESS -ST-ZIP						
TITLE	D	FL 32019-0901	Delete	1							
NAME	PARKER, 1	DIANE MS	U Delete	TITLE						☐ Change	☐ Addition
STREET ADDRESS		RNATIONAL PARKWAY, S	SUITE B		ET ADDRESS						
CITY-ST-ZIP					ST-ZIP						
TITLE			☐ Delete	TITLE						☐ Change	☐ Addition
NAME				NAME	4						
STREET ADDRESS				STREE	ET ADDRESS						
CITY-ST-ZIP				CITY-	ST-ZIP						

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with a other like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR