## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 20, 2001 8:00 am DOCUMENT # P00000106329 Secretary of State 1. Entity Name ORION DISPLAY, INC. 03-20-2001 90018 006 \*\*\*150.00 Mailing Address Principal Place of Business 171 WESTMORELAND CIRCLE 171 WESTMORELAND CIRCLE KISSIMMEE FL 34744 KISSIMMEE FL 34744 3. Mailing Address 2. Principal Place of Business P.O.BOX 450667 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4, FEI Number City & State City & State KISSIMMER 59-3682213 Not Applicable \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required USA 34745*-0*667 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HAYES, ROBERT S Street Address (P.O. Box Number is Not Acceptable) 441 W VINE STREET KISSIMMEE FL 34741 Zip Code 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 DATE (NOTE: Registered Agent signature required when reinstating) ame of registered agent and title if applicable. Signature, typed or p FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees $\mathbf{Z}$ Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITLE **DPT** ☐ Delete TITLE NAME NAME ROTE, JAMES STREET ADDRESS STREET ADDRESS 171 WESTMORELAND CIRCLE CITY-ST-ZIP CITY-ST-7IP KISSIMMEE FL 34744 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

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