

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000057330

FILED
Apr 14, 2005
Secretary of State

Entity Name: DIX EVENT MANAGEMENT, INC.

Current Principal Place of Business:

220 EAST CENTRAL PARWAY
SUITE 1020
ALTAMONTE SPRINGS, FL 32701

Current Mailing Address:

220 EAST CENTRAL PARWAY
SUITE 1020
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

220 EAST CENTRAL PARWAY
SUITE 1020
ALTAMONTE SPRINGS, FL 32701 US

New Mailing Address:

220 EAST CENTRAL PARWAY
SUITE 1020
ALTAMONTE SPRINGS, FL 32701 US

FEI Number: 37-1437005

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DICKS, JACK W
220 EAST CENTRAL PARKWAY
SUITE 1020
ALTAMONTE SPRINGS, FL 32701 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: DICKS, JACK W
Address: 520 CROWN OAK CENTRE DRIVE
City-St-Zip: LONGWOOD, FL 32750

Title: S () Delete
Name: DICKS, JAMES
Address: 520 CROWN OAK CENTRE DRIVE
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DICKS, JAMES E
Address: 220 EAST CENTRAL PARKWAY, SUITE 1020
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

Title: STD (X) Change () Addition
Name: DICKS, JACK W
Address: 220 EAST CENTRAL PARKWAY, SUITE 1020
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES E. DICKS

PD

04/14/2005

Electronic Signature of Signing Officer or Director

Date