

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000100647

FILED  
May 24, 2008  
Secretary of State

Entity Name: ORLANDO EXHIBITOR SERVICE INC.

## Current Principal Place of Business:

7507 POINTVIEW CIRCLE  
ORLANDO, FL 32836 US

## New Principal Place of Business:

## Current Mailing Address:

7507 POINTVIEW CIRCLE  
ORLANDO, FL 32836 US

## New Mailing Address:

FEI Number: 20-0224987

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KLECZKA, THOMAS D  
7507 POINTVIEW CIRCLE  
ORLANDO FL, FL 32836 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: KLECZKA, THOMAS D  
Address: 7507 POINTVIEW CIRCLE  
City-St-Zip: ORLANDO, FL 32836

Title: V ( ) Delete  
Name: THERMOS, THOMAS P  
Address: 8856 CRIMSON TIDE LN  
City-St-Zip: ORLANDO, FL 32836

Title: V ( ) Delete  
Name: KLECZKA, MARY L  
Address: 7507 POINTVIEW CIRCLE  
City-St-Zip: ORLANDO, FL 32836

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: THOMAS D KLECZKA

PRES

05/24/2008

Electronic Signature of Signing Officer or Director

Date