

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 08:00 A
Secretary of State

DOCUMENT # P05000142511

1. Entity Name
SOUTHERN CONVENTION SERVICES, INC.



Principal Place of Business
1115 NORTHEAST 9TH AVENUE
FORT LAUDERDALE, FL 33304

Mailing Address
1115 NORTHEAST 9TH AVENUE
FORT LAUDERDALE, FL 33304



04172007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3888571	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

U000000762359

05/29/07-80004-008 150.00

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	CEO
NAME	ZIMBALIST III, EFREM MR
STREET ADDRESS	1115 NE 9TH AVE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304

TITLE	SRVP
NAME	SELLSTROM, BRIAN MR
STREET ADDRESS	1115 NE 9 AVE
CITY-ST-ZIP	FT. LAUDERDALE, FL 33304

TITLE	VP
NAME	GRAZIANO, DANE MR
STREET ADDRESS	1115 NE 9 AVE
CITY-ST-ZIP	FT. LAUDERDALE, FL 33304

TITLE	VP
NAME	DOOLE, ANDREW MR
STREET ADDRESS	1115 NE 9 AVE
CITY-ST-ZIP	FT. LAUDERDALE, FL 33304

TITLE	S
NAME	CLURMAN, ANDREW MR
STREET ADDRESS	1115 NE 9 AVE
CITY-ST-ZIP	FT. LAUDERDALE, FL 33304

TITLE	VP
NAME	STRUL, RICARDO MR
STREET ADDRESS	1115 NE 9 AVE
CITY-ST-ZIP	FT. LAUDERDALE, FL 33304

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #