


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 11, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000019823 1. Entity Name TITUSVILLE HOTEL CORPORATION	
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08062008 No Chg-P CR2E034 (11/05)

Principal Place of Business 2-8 HAWLEY ST BINGHAMTON, NY 13901 US	Mailing Address 2-8 HAWLEY ST BINGHAMTON, NY 13901 US
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3363344	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 VIZRAM, AZIM 7675 WEST IRLO BRONSON HWY KISSIMMEE, FL 34747
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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

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VISRAM, ALLY 2-8 HAWLEY STREET BINGHAMTON, NY 13901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VISRAM, AMIN 2-8 HAWLEY STREET BINGHAMTON, NY 13901
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<p>U000000959464 09/11/08-80001-015 550.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

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: Eric Budzinski ERIC BUDZINSKI ASST CONTROLLER 9/8/08 (607) 722-4467
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #