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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90122 004 ***150.00

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MOSCOW ON ICE, INC. Principal Place of Business Mailing Address 8085 SWEET GUM LOOP 8085 SWEET GUM LOOP ORLANDO FL 32835 ORLANDO FL 32835 DO NOT WRITE IN THIS SPACE HS US 3. Date Incorporated or Qualifed 03/15/1996 4. FEI Number 2. Principal Place of Bysiness Applied For 59-3367738 Not Applicable \$8.75 Additional Suite, Apt. #, etc. 5. Certifcate of Status Desired \Box Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing Added to Fees **Trust Fund Contribution** 23 8. This corporation owes the current year Intangible □No ☐ Yes Personal Property Tax. 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name KANE. STEVEN H Street Address (P.O. Box Number is Not Acceptable) 82 1900 SUMMIT TOWER BLVD. SUITE 800 83 ORLANDO FL 32810 Zip Code 84 85 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required who CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE TITLE ZVIAGUINE, SERGEUI 1.2 NAME NAME 8085 SWEET GUM LOOP 1.3 STREET ADDRESS STREET ADDRESS ORLANDO FL CITY-ST-ZIP 1.4 CITY-ST-ZIP Addition ☐ DELETE **™** Change 2.1 TITLE TITLE DUBINSKI, PETER 2.2 NAME NAME 8085 SWEET GUM LOOP 2.3 STREET ADDRES STREET ADDRESS ORLANDO LF 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 3.1 TITLE TITLE **BOGOLUBOV, VLADIMIR** 3.2 NAME NAME 8085 SWEET GUM LOOP 3.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE 41 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

STREET ADDRESS

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12010