## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## FILED Mar 19, 2007 08:00 AN Secretary of State **DOCUMENT # P96000053937** THE OFFICIAL TICKET CENTER, INC. Principal Place of Business Mailing Address 3148 VINELAND ROAD 3148 VINELAND ROAD KISSIMMEE, FL 34746 KISSIMMEE, FL 34746 CR2E034 (11/05) 02232007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3387819 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent CARTER, BRUCE A DO NOT WRITE 3148 VINELAND ROAD KISSIMMEE, FL 34746 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 revisitating) DATE \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PVTS TITLE NAME CARTER, BRUCE A STREET ADDRESS 3148 VINELAND ROAD KISSIMMEE, FL 34748 CITY-ST-7/P TITLE 000000670558 03/27/07-80117-008 150.CU STREET ADDRESS CTTY-ST-ZIP IIILE SHARKE STREET ADDRESS DO NOT WRITE CITY-ST-7/P IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TILE

12. I hereby certify that the information supplied with this filling 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:

NAME STREET ADDRESS CTY-ST-20

407-394-9020