<u></u>	RM BUSINESS REPORT (UBR	<u></u>
DOCUMENT #  1. Entity Name	P97000096497	
CED CAPITAL HOLDIN	IGS IX, INC.	FILED
Principal Place of Business	Mailing Address	02 FEB 15 PM
1551 SANDSPUR ROAD MAITLAND FL 32751	P.O. BOX 4961 Orlando FL 32802-4961	SECRETARY OF ST
2. Principal Place of Business	3. Mailing Address	1 (\$\$\$)(\$\$) (\$\$\$) (\$\$\$) (\$\$\$)(\$\$\$)(\$\$\$)(
Suite Ant # etc	Suite Ant # etc	DO NOT WRITE IN THIS SE

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UĴOD	MENT	# P97000	0096497									
Entity Name     CED CAPITAL HOLDINGS IX, INC.						ν,						
020 0							:	FI	LED			
Principal Place of Business			Mailing Address				02 FEB	15 PM	12: 31			
1551 SANDSI MAITLAND FI			P.O. BOX 4961 Orlando Fl 32802-4961			SECRETARY OF STATE						
2. Principal P	Place of Busin	ess	3. Mailing Address					<b>   </b>		1841 <b>8</b> 84141 <b>818</b> 18		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State			City & State		4.	FEI Number	59-3480457	ı		plied For		
Zip		Country	Zip	Count	ry	5.	Certificate of	Status Desired	1 1	\$8.75 Add	litional	
	6. Name	and Address of Current Re	gistered Agent		Name	7.	Name and A	ddress of New R	egistered /	Agent		
B&C CORPORATE SERVICES OF CENTRAL FLORIDA					Street Address (P.O. Box Number is Not Acceptable)							
390 NORTH ORANGE AVENUE												
SUITE 11 ORLAND	00 O FL 32801				City				FL	Zip Code	<del></del>	
8. The above	named entity	submits this statement for the	ne purpose of changing its re	egistere	d office or	registered a	gent, or both,	in the State of Flo		<u>'                                    </u>		
				-								
SIGNATURE .	Signature, typed	or printed name of registered agent and	tule if applicable. (NOTE:	Registered	I Agent signatur	re required when	reinstating)		DATE			
	•	ble to satisfy its Intangible	FILE NOW!!!				10. Electi	on Campaign Fin	ancing	\$5.0	<b>0</b> May Be	
-	requirement a ria on back)	nd elects to do so.	After May 1, 200 Make Check Payabl				Trust	Fund Contribution	n.		to Fees	
11.	l	OFFICERS AND DI		12.		Al	DDITIONS/CH	HANGES TO OFFI	CERS AND			
TITLE NAME	DPST   GINSBUR	G, ALAN H	☐ Delete	TITLE						☐ Change	Addition	
STREET ADDRESS	1551 SAN	DSPUR ROAD			T ADDRESS							
CITY-ST-ZIP		) FL 32751	Пол	1	ST-ZIP			<del></del> _		Change	- Addition	
TITLE NAME	( VP GINSBUR	G, JEFFREY	☐ Delete	TITLE				ובחממו	n21	☐ Change ☐ ☐ ☐ ☐ ☐ —	Addition	
STREET ADDRESS	1551 SAN	DSPUR ROAD			T ADDRESS		<del>_</del>	10005i -02/26				
CITY-ST-ZIP	<del> </del>	) FL 32751	П	1	ST-ZIP		•	***** <u>1</u>	<u>50.00</u>	★米米ま! □ Change	Addition	
TTLE IAME	VP SCIARRIN	O, MICHAEL J	☐ Delete	TITLE						☐ Citalite	Addition	
TREET ADDRESS	1551 SAN	DSPUR ROAD			T ADDRESS			•				
CITY-ST-ZIP		FL 32751	<b>—</b>	1	ST-ZIP						- Addition	
itle Iame	VP   Brock, J	AY P	☐ Delete	TITLE	- 1					☐ Change	☐ Addition	
TREET ADDRESS		DSPUR ROAD			T ADDRESS							
CITY-ST-ZIP		FL 32751		CITY-	ST-ZIP							
TITLE	VP	TICIA	☐ Delete	TITLE						☐ Change	☐ Addition	
IAME TREET ADDRESS	DOODY, T   1551 SAN	DSPUR ROAD		STREE	T ADDRESS							
CITY-ST-ZIP		FL 32751			ST-ZIP							
ITLE	VP		☐ Delete	TITLE						☐ Change	noitibbA 🔲	
AME		I, LOUIS P		NAME	T ADDRESS					ı	1.11	
TREET ADDRESS		DSPUR ROAD I FL 32751	/		ST-ZIP					λ	JX/h	
	[										<u> </u>	

13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

SIGNATURE IN COLUMN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR