

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90020 006 ***150.00

DOCUMENT # P98000033293

1. Entity Name
EXHIBITION LOGISTICS, INC.



Principal Place of Business
**7474 BROKERAGE DRIVE
ORLANDO, FL 32809**

Mailing Address
**215 NORTH EOLA DRIVE
ORLANDO, FL 32802**

54032895



2. Principal Place of Business
2901 TITAN ROW

3. Mailing Address

Suite, Apt. #, etc.
SUITE 102-B

Suite, Apt. #, etc.

City & State
ORLANDO, FLORIDA

City & State

Zip
32809

Country
ORANGE

Zip

Country

02032004 Chg-P CR2E034 (10/03)

4. FEI Number
58-2386064

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HOCTOR, JAMES J
215 NORTH EOLA DRIVE
ORLANDO, FL 32801**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

James B. Lewis

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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
**DPS
LEWIS, JAMES B
7474 BROKERAGE DRIVE
ORLANDO, FL 32809** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DVT
MCCALLUM, GARY R
7474 BROKERAGE DRIVE
ORLANDO, FL 32809** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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CITY - ST - ZIP
☐ Delete

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☐ Delete

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NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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☐ Change ☐ Addition

12. 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 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: *James B. Lewis* **JAMES B. LEWIS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/04
Date

407-855-4088
Daytime Phone #