## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000053886

Entity Name: SBZZ OF WINTER PARK, INC.

FILED Jan 06, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 190 EAST MORSE BOULEVARD WINTER PARK, FL 32789 **Current Mailing Address: New Mailing Address:** C/O BROWN HARRIS STEVENS 770 LEXINGTON AVENUE. 5TH FL NEW YORK, NY 10065 FEI Number: 58-2401225 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: WILLIAM ATTERBURY ALLEY MAAS ROGERS & LINDSEY PC 340 ROYAL POINCIANA SUITE 321 PALM BEACH, FL 33480 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition ZECKENDORF, ARTHUR Name: Name: 770 LEXINGTON AVE Address: Address: City-St-Zip: NEW YORK, NY 10065 City-St-Zip: Title: Title: () Delete () Change () Addition Name: ZECKENDORF, WILLIAM L Name: 770 LEXINGTON AVE Address: Address: NEW YORK, NY 10065 City-St-Zip: City-St-Zip: Title: Title: VP. ( ) Delete () Change () Addition SWIG, KENT Name: Name: 770 LEXINGTON AVE Address: Address: City-St-Zip: NEW YORK, NY 10065 City-St-Zip: Title: VΡ ( ) Delete Title: () Change () Addition BURRIS, DAVID Name: Name: Address: 770 LEXINGTON AVE Address: City-St-Zip: NEW YORK, NY 10065 City-St-Zip: Title: Title: ( ) Delete () Change () Addition WINN, MICHAEL H Name: Name: 190 E MORSE BLVD Address: Address: City-St-Zip: WINTER PARK, FL 32789 City-St-Zip: Title: () Delete Title: () Change () Addition ERICKSON, LIEF Name: Name: 190 E MORSE BLVD Address: Address: City-St-Zip: City-St-Zip: WINTER PARK, FL 32789

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALAN J. KERSNER COO 01/06/2009