# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 06, 2009**
**Secretary of State**

DOCUMENT# P98000066593

**Entity Name:** SBZZ OF ORLANDO, INC.

**Current Principal Place of Business:**

190 E. MORSE BLVD
WINTER PARK, FL 32789

**New Principal Place of Business:**

**Current Mailing Address:**

C/O BROWN HARRIS STEVENS
770 LEXINGTON AVE., 5TH FLOOR
NEW YORK, NY 10065

**New Mailing Address:**

**FEI Number: 58-2405499** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILLIAM ATTERBURY
ALLEY MAASS ROGER & LINDSEY
340 ROYAL POINCIANA SUITE 321
PALM BEACH, FL 33480 US

**Name and Address of New Registered Agent:**

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:**

| | | |
|---|---|---|
| Title: | P | ( ) Delete |
| Name: | ZECKENDORF, ARTHUR | |
| Address: | 770 LEXINGTON AVE. | |
| City-St-Zip: | NEW YORK, NY 10065 | |
| Title: | VP | ( ) Delete |
| Name: | ZECKENDORF, WILLIAM L | |
| Address: | 770 LEXINGTON AVE. | |
| City-St-Zip: | NEW YORK, NY 10065 | |
| Title: | VP | ( ) Delete |
| Name: | SWIG, KENT | |
| Address: | 770 LEXINGTON AVE. | |
| City-St-Zip: | NEW YORK, NY 10065 | |
| Title: | VP | ( ) Delete |
| Name: | BURRIS, DAVID | |
| Address: | 770 LEXINGTON AVE. | |
| City-St-Zip: | NEW YORK, NY 10065 | |
| Title: | VP | ( ) Delete |
| Name: | WINN, MICHAEL H | |
| Address: | 190 E MORSE BLVD | |
| City-St-Zip: | WINTER PARK, FL 32789 | |
| Title: | VP | ( ) Delete |
| Name: | ERICKSON, LIEF | |
| Address: | 190 E MORSE BLVD | |
| City-St-Zip: | WINTER PARK, FL 32789 | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | |
|---|---|
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |

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

Electronic Signature of Signing Officer or Director — Date