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Mar 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V40961

(7)

1. Corporation Name
TICKET SALES, INC.



Principal Place of Business

2612 EAGLES NEST CT
ORLANDO FL 32837

Mailing Address

2612 EAGLES NEST CT
ORLANDO FL 32837-6963

3. Date Incorporated or Qualified

06/01/1992

3a. Date of Last Report

07/18/1996

2. Principal Place of Business

21 3956 Town Center Blvd.

2a. Mailing Address

26 3956 Town Center Blvd.

4. FEI Number

59-3128317

Applied For

Not Applicable

Suite Apt. #, etc.

22 311

Suite Apt. #, etc.

27 311

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

City & State

23 Orlando FL.

City & State

28 Orlando, FL.

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

Zip

24 32837

Country

25 Orange

Zip

29 32837

Country

30 Orange

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DRAGE, THOMAS B. JR.
120 SOUTH ORANGE AVENUE
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of officer printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD
NAME ESPOSITO, STEVE
STREET ADDRESS 2612 EAGLES NEST CT
CITY-ST-ZIP ORLANDO FL

☐ DELETE

TITLE VSD
NAME ESPOSITO, DEBRA
STREET ADDRESS 2612 EAGLES NEST COURT
CITY-ST-ZIP ORLANDO FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 9209 Cypress Cove Dr.
1.4 CITY-ST-ZIP Orlando FL 32819

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 4209 Cypress Cove Dr.
2.4 CITY-ST-ZIP Orlando, FL 32819

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS

☐ Change ☐ Addition

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Stephen Esposito* Stephen Esposito

3/5/97

438-0022

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)