

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000009381

**Entity Name:** INTERNATIONAL LASER DISPLAY ASSOCIATION, INC.**Current Principal Place of Business:**7062 EDGEWORTH DRIVE  
ORLANDO, FL 32819**Current Mailing Address:**7062 EDGEWORTH DRIVE  
ORLANDO, FL 32819**FEI Number:** 52-1535704**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MURPHY, PATRICK  
7062 EDGEWORTH DRIVE  
ORLANDO, FL 32819 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

**Officer/Director Detail :**

|                 |                      |
|-----------------|----------------------|
| Title           | ED                   |
| Name            | MURPHY, PATRICK      |
| Address         | 7062 EDGEWORTH DRIVE |
| City-State-Zip: | ORLANDO FL 32819     |

|                 |                                                               |
|-----------------|---------------------------------------------------------------|
| Title           | D                                                             |
| Name            | ESER, OLGA                                                    |
| Address         | ÜÇGEN MH. ABDİ İPEKCI CD.<br>GÖZETEN<br>APT. NO 21 KAT 3 D.10 |
| City-State-Zip: | ANTALYA 07040                                                 |

|                 |                       |
|-----------------|-----------------------|
| Title           | D                     |
| Name            | SHORT, CHRISTOPHER    |
| Address         | 13245 S. 186TH AVENUE |
| City-State-Zip: | GOODYEAR AZ 85338     |

|                 |                       |
|-----------------|-----------------------|
| Title           | P                     |
| Name            | GONZALEZ, BRIAN       |
| Address         | 424 NW 13TH ST.       |
| City-State-Zip: | DELRAY BEACH FL 33444 |

|                 |                            |
|-----------------|----------------------------|
| Title           | D                          |
| Name            | THEO, PETRIDES             |
| Address         | 2232 BLIZZARD VALLEY TRAIL |
| City-State-Zip: | MONUMENT CO 80132          |

|                 |                          |
|-----------------|--------------------------|
| Title           | DIRECTOR                 |
| Name            | MCHATTON, ROBERTA        |
| Address         | 27012 47TH PL S<br>E-206 |
| City-State-Zip: | KENT WA 98032            |

*I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: PATRICK MURPHY****EXECUTIVE DIRECTOR****02/03/2021**

Electronic Signature of Signing Officer/Director Detail

Date