

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000043062

**Entity Name:** FANTASYWORLD MANAGEMENT SERVICES, INC.**Current Principal Place of Business:**5005 KYNGS HEATH ROAD  
KISSIMMEE, FL 34746**Current Mailing Address:**5005 KYNGS HEATH ROAD  
KISSIMMEE, FL 34746 US**FEI Number:** 59-3510070**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COSTOPOULOS, ALEX C  
5005 KYNGS HEATH ROAD  
KISSIMMEE, FL 34746 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:** ALEX C COSTOPOULOS

02/24/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PD
Name	SMITH, SCOTT J DR.
Address	5005 KYNGS HEATH ROAD
City-State-Zip:	KISSIMMEE FL 34746

Title	STD
Name	EJUWA, JONATHAN
Address	5005 KYNGS HEATH ROAD
City-State-Zip:	KISSIMMEE FL 34746

Title	VP
Name	FURLONG, RICHARD
Address	5005 KYNGS HEATH ROAD
City-State-Zip:	KISSIMMEE FL 34746

Title	DIRECTOR
Name	OKUMUS, FEVZI
Address	5005 KYNGS HEATH ROAD
City-State-Zip:	KISSIMMEE FL 34746

Title	DIRECTOR
Name	KREEGER, JEFFERY
Address	5005 KYNGS HEATH ROAD
City-State-Zip:	KISSIMMEE FL 34746

Title	DIRECTOR
Name	LEVY, DENNIS
Address	5005 KYNGS HEATH ROAD
City-State-Zip:	KISSIMMEE FL 34746

Title	DIRECTOR
Name	COSTOPOULOS, ALEX
Address	5005 KYNGS HEATH ROAD
City-State-Zip:	KISSIMMEE FL 34746

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

**SIGNATURE:** SCOTT J. SMITH**PRESIDENT**

02/24/2025

Electronic Signature of Signing Officer/Director Detail

Date