

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 25, 2003 8:00 am
Secretary of State

0612928 AV

04-25-2003 90186 031 ***150.00

DOCUMENT # **F99000005394**



1. Entity Name
GROUP III PROMOTIONS, INC.

Principal Place of Business
~~820 W. JACKSON, STE. 650~~
~~CHICAGO IL 60607~~

Mailing Address
C/O DRAFT WORLD WIDE ATTN: PETER DAVIS
633 N ST. CLAIR
CHICAGO IL 60611
US

11019400



2. Principal Place of Business
640 N. LASALLE

Suite, Apt. #, etc.
SUITE 350

City & State
CHICAGO

3. Mailing Address

Suite, Apt. #, etc.

City & State

4. FEI Number **36-3188540** Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip **IL** Country **60610**

Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE N/A DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	P/D PARRINELLO, VINCENT
STREET ADDRESS	683 N ST CLAIR - 640 N. LASALLE, #350
CITY-ST-ZIP	CHICAGO IL 60610
TITLE	<input type="checkbox"/> Delete
NAME	S MACH, KENNETH
STREET ADDRESS	916 S CARRIAGEWAY 633 N. ST. CLAIR
CITY-ST-ZIP	PALATINE IL 60067 CHICAGO, IL 60611
TITLE	<input type="checkbox"/> Delete
NAME	T BERNS, STEVEN
STREET ADDRESS	37 THACKERY 1271 AVE. OF AMERICAS, #44
CITY-ST-ZIP	SHORT HILLS NJ 07078 NY, NY 10020
TITLE	<input type="checkbox"/> Delete
NAME	CEO / D DISKIN, LARRY
STREET ADDRESS	640 N LASALLE SUITE 350
CITY-ST-ZIP	CHICAGO IL 60601 - 60610
TITLE	<input checked="" type="checkbox"/> Delete
NAME	CFO FEIN, CHERYL A
STREET ADDRESS	1155 S WASHINGTON ST STE 204
CITY-ST-ZIP	NAPERVILLE IL 60540
TITLE	<input type="checkbox"/> Delete
NAME	D DRAFT, HOWARD
STREET ADDRESS	2217 N BURLING 633 N. ST. CLAIR
CITY-ST-ZIP	CHICAGO IL 60611

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D ROBERT FECHTMANN
STREET ADDRESS	919 3RD. AVE, #1709
CITY-ST-ZIP	NY, NY 10022
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X **LARRY DISKIN, CEO** 4-22-03 312.799-630

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)