04-28-2003 90303 020 ***150.00
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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

4/28/ FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUN 23 AM 8:56

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DOCUMENT # P00000015119

1. Entity Name
ASTRO EVENTS OF THE EAST COAST, INC.

Principal Place of Business	Mailing Address
2880 N. WICKHAM ROAD #1016 MELBOURNE FL 32935	210 PRICE COURT SATELLITE BCH FL 32937

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
168 CHURCHILL AVENUE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SATELLITE BEACH FL	City & State
Zip: 32937 Country: US	Zip Country

4. FEI Number: 59-3626604 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COX, DEVIN 210 PRICE COURT SATELLITE BEACH FL 32935	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: Devin Cox
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVTS COX, DEVIN 210 PRICE COURT SATELLITE BEACH FL 32937	☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

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: Signature REQUIRED 4/20 3217799885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #