

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2002 8:00 am
Secretary of State

04-28-2002 90779 047 ***150.00

DOCUMENT # P01000033479

1. Entity Name
THINK TANK PROMOTIONS, INC.

Principal Place of Business Mailing Address
266 WILSHIRE BLVD., SUITE 127 **266 WILSHIRE BLVD., SUITE 127**
CASSELBERRY FL 32707 **CASSELBERRY FL 32707**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number Applied For

Not Applicable

Zip Country Zip Country 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

KIBOI, HENRY W
266 WILSHIRE BLVD., SUITE 127
CASSELBERRY FL 32707

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	PD KIBOI, HENRY W 266 WILSHIRE BLVD., SUITE 127 CASSELBERRY FL 32707	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	D WAMBU, ANN 266 WILSHIRE BLVD., SUITE 127 CASSELBERRY FL 32707	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	D WAIGWA, MARY N 266 WILSHIRE BLVD., SUITE 127 CASSELBERRY FL 32707	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	STD WAIGWA, MARGARET N 266 WILSHIRE BLVD., SUITE 127 CASSELBERRY FL 32707	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	D WAIGWA, OLIVE W 266 WILSHIRE BLVD., SUITE 127 CASSELBERRY FL 32707	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	D WAIGWA, MERCY 266 WILSHIRE BLVD., SUITE 127 CASSELBERRY FL 32707	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: WAIGWA, KIBOI, HENRY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 2/2002 407-263-3000
Date Daytime Phone #

CR2E034 (9/01)