ent By: Torrillo & Associates, Inc.; 9545811725; 5

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Jun 04, 2003 8:00 am
Secretary of State
05-05-2003 91891 039 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000043650

55046161

1. Entity Name
STAGED RIGHT EVENTS, INC.

Principal Place of Business	Mailing Address
421 SE 10TH ST., #205A DANIA BEACH, FL 33004	421 SE 10TH ST., #205A DANIA BEACH, FL 33004

2. Principal Place of Business	3. Mailing Address
902 NATURES COVE RD.	902 NATURES COVE RD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DANIA BEACH	City & State: DANIA BEACH
Zip: 33004 Country: USA	Zip: 33004 Country: U.S.A

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 61-1412460 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RIMOLI, LUIS
421 SE 10TH ST., #205A
DANIA BEACH, FL 33004

7. Name and Address of New Registered Agent

Name: RIMOLI, LUIS G.
Street Address (P.O. Box Number is Not Acceptable): 902 NATURES COVE RD.
City: DANIA BEACH FL Zip Code: 33004

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 X

[redacted]

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 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: PRESIDENT NAME: LUIS G. RIMOLI STREET ADDRESS: 902 NATURES COVE RD. CITY-ST-ZIP: DANIA BEACH FL 33004	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 5/28/03

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

CR2E034 (10/02)