2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 17, 2003 8:00 am
Secretary of State
05-01-2003 90988 040 ***150.00

[redacted]

DOCUMENT # P02000059823 (2)

1. Entity Name
EMCEE PROMOTIONS INC.

Principal Place of Business	Mailing Address
400 S.E. 9 CT. #5 HALLANDALE FL 33009	P.O. BOX 120844 FT. LAUDERDALE FL 33312

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: 01-0699833 ☐ 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
BROWN, MICHAEL 400 S.E. 9 CT. #5 HALLANDALE FL 33009	Name: MICHAEL BROWN Street Address (P.O. Box Number is Not Acceptable): 9788 NOB HILL CT. City: SUNRISE FL Zip Code: 33351

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 M. L. Brown
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	P BROWN, MICHAEL 400 S.E. 9 CT. #5 HALLANDALE FL 33009	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9788 NOB HILL CT SUNRISE, FL 33351	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WHITE, CHERYL 400 S.E. 9 CT. #5 HALLANDALE FL 33009	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9788 NOB HILL CT SUNRISE, FL 33351	☑ 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: SIGNATURE REQUIRED M. Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)