

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


5/15

FILED
Jun 11, 2003 8:00 am
Secretary of State

05-15-2003 90115 041 ***150.00

DOCUMENT # P02000083967 (L)

1. Entity Name
THE EVENT GROUP, INC.



Principal Place of Business
12021 RUNNING FOX CR. RIVERVIEW FL 33569

Mailing Address
12021 RUNNING FOX CR. RIVERVIEW FL 33569

709 Gran Kaymen Way Apollo Beach, FL 33572

P.O. Box 1866 Riverview, FL 33568

55047564



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

4. FEI Number
55-0793714

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

TURNER, MYRNA M
12021 RUNNING FOX CR.
RIVERVIEW FL 33569

7. Name and Address of New Registered Agent

Name: *BRIAN TURNER*

Street Address (P.O. Box Number is Not Acceptable):
709 Gran Kaymen Way

12021 Running Fox Cr. 33572

City: *Riverview Apollo Beach FL* Zip Code: *33569*

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: *[Signature]* *Brian Turner* DATE: *03-18-2003*

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$450.00
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	PD	<input checked="" type="checkbox"/> Delete
NAME	TURNER, MYRNA M	
STREET ADDRESS	12021 RUNNING FOX CR.	
CITY-ST-ZIP	RIVERVIEW FL 33569	
TITLE	STD	<input type="checkbox"/> Delete
NAME	TURNER, BRIAN	
STREET ADDRESS	12021 RUNNING FOX CR. <i>709 Gran Kaymen</i>	
CITY-ST-ZIP	RIVERVIEW FL 33569 <i>Apollo Beach, FL 33572</i>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONALD G. TURNER, SR.	
STREET ADDRESS	12021 RUNNING FOX CR.	
CITY-ST-ZIP	RIVERVIEW, FL 33569	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	709 Gran Kaymen Way	
STREET ADDRESS	Apollo Beach, FL 33572	
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: *[Signature]* *REDACTED TURNER - G. Tolson 03/18/2003 (88) 741-7770*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Signature Phone #

CR2E034 (10/02)