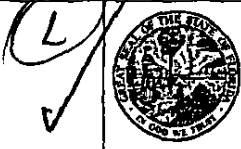


FILED

Jul 09, 2003 8:00 am  
Secretary of State

05-05-2003 91769 021 \*\*\*150.00

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



DOCUMENT # **P02000086843**  
1. Entity Name  
**2 REAL PROMOTIONS AND ENTERTAINMENT, INC.**

Principal Place of Business  
**2200 PORT MALABAR BLVD.  
PALM BAY FL 32905**

Mailing Address  
**P.O. BOX 060417  
PALM BAY FL 32906-0417**

2. Principal Place of Business  
**1900 S Harbor City Blvd**

3. Mailing Address

Suite, Apt. #, etc.  
**103**

Suite, Apt. #, etc.

City & State  
**Melbourne Florida**

City & State

Zip  
**32901**

Country  
**USA**

Zip  
Country

4. FEI Number  
**20-00000918**

Applied For  
 Not Applicable

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**KING, DOREATHA  
254 E. UNIVERSITY BLVD., APT. A  
MELBOURNE FL 32901**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) 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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>KING, DOREATHA</b> <b>254 E. UNIVERSITY APT. A</b> <b>MELBOURNE FL 32901</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>Timothy Jackson</b> <b>740 Wildbriar RD NE # 203</b> <b>Palm Bay Fl. 32905</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP</b> <b>Doreatha King</b> <b>740 Wildbriar RD NE # 203</b> <b>Palm Bay Fl. 32905</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Doreatha King** **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-29-03**  
Date

Daytime Phone #

CR2E034 (10/02)

*Attachment*

55050677  
#702000080843

DIVISION OF CORPORATIONS,  
P.O. BOX 1500  
TALLAHASSEE, FLORIDA 32302-1500

2 REAL PROMOTIONS & ENTERTAINMENT INC,  
1900 S. HARBOR CITY BLVD SUITE #105  
MELBOURNE, FLORIDA 32901

FEI NUMBER - 20-0000918

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