2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR POINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED DOCUMENT # **P96000028172** Apr 10, 2000 8:00 am Secretary of State BASIC PROMOTIONS, INC. 04-10-2000 90163 038 ***150.00 Mailing Address Principal Place of Business 6251 44TH STREET NORTH 6251 44TH STREET NORTH SUITE 3 SUITE 3 PINELLAS PARK FL 21209-1422 PINELLAS PARK FL 34665 3. Mailing Address 2. Principal Place of Business 6813 Maurleen Road 6813 Maurleen Rd Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State. Baltimore Gity & State. Bulfimore Applied For 4. FEI Number 59-3367155 Not Applicable m D \$8.75 Additional 21209 5. Certificate of Status Desired 21209 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Colour Jones GOLDBERG, PAUL Street Address (P.O. Box Number is Not Acceptable) 6251 44TH STREET NORTH SUITE 3 PINELLAS PARK FL 34665 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Paul Goldberg 6813 Maurien Road Baltinore, MD 21209 Delete TITLE NAME PAUL GOLDBERG NAME STREET ADDRESS STREET ADDRESS 7970 GARDEN DRIVE NORTH CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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