200	1 UNIFORM BUS	INESS REPO	RT (UB	R) · · · · · · ·	02-24-2 003 9	00956*017*** 9800000081		
DOCU	MENT # N98000	000810		FIL JUNETARY JUNETARY	E 13	9800000081	U	
IMPERI	AL PROMOTIONS FOUNDAT	ION, INC.		03 MAR -5				
Principal Place of Business		Mailing Address		•				
3615 PRADO DR. SARASOTA FL 34235		3615 PRADO DR. SARASOTA FL 34235						
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI Numb	er 65-085280 2		opplied For lot Applicable	
Zip	Country	Zip	Country		of Status Desired	\$8.75 Ac Fee Requir	Iditional ed	
6. Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent				
PATTO IFANICOÓ				dress (P.O. Box Number is Not Acceptable)				
PITTS, JENNIFER 3615 PRADO DR.			·	OCIESS (I .O. BOX MOIND	er is not Acceptable)			
SARASOTA FL 34237								
	e named entity submits this statement for		City		-	FL Zip Coo	de	
SIGNATURE	Jenni fer tit Signature, typed or pointed name of registered agent	45 president (NOTE	: Registered Agent eignatu	Coffee (A DA	19/83		
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing \$5.0 Trust Fund Contribution. Addec		\$5.00 May Be Added to Fees	Make Check Payable to d to Fees Department of State			
10.	OFFICERS AND DI	RECTORS	11.	ADDITIONS/CH	ANGES TO OFFICERS AND	DIRECTORS IN	N 10	
TITLE NAME	D Pitts, Jennifer	Delete .	TITLE NAME			Change	Addition	
STREET ADDRESS	3615 PRADO DR.		STREET ADDRESS					
CITY-ST-ZIP	SARASOTA FL 34237		CITY-ST-ZIP	X -	· .			
TITLE NAME	D Pitts, Herbert	☐ Delete	TITLE NAME			☐ Change	Addition	
STREET ADDRESS	3615 PRADO DR.		STREET ADDRESS					
CITY-ST-ZIP	SARASOTA FL:34237.	er z _r resy.	- CITY-ST-ZIP	-				
NAME	Brown, Naomi	/¹ □ Delete	TITLE NAME			Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	5320 'C' STREET		STREET ADDRESS					
TITLE	JACKSONVILLE FL 32209	☐ Delete	CITY-ST-ZIP			Chann		
NAME	·	C Onlog	NAME	÷		☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP		•	STREET ADDRESS CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	
NAME		_ 01000	NAME				☐ vooimi	
STREET ADDRESS CITY-ST-ZIP		•	STREET ADDRESS CITY-ST-ZIP				•	
IIITE		Пъ-						
		L I LIERETE	TITLE			Change	[Anathor	
NAME STREET AODRESS		, 🗀 Delete	NAME STREET ADDRESS			☐ Change	☐ Addition	

12. 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 617, 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.

Sincerely Descripes PMS President