#150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F02000000492

1. Entity Name

PROMOBID.COM, INC.

FILED

03 OCT 20 AM 11:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 03

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
350 CALIFORNIA STREET	ATT: LUIS SEGOVIA
Suite, Apt. #, etc.: MEZZANINE LEVEL	Suite, Apt. #, etc.: 1680 MICHIGAN AVENUE STE: 700
City & State: SAN FRANCISCO, CA	City & State: MIAMI BEACH, FL
Zip: 94104 Country: US	Zip: 33139 Country: US

4. FEI Number 94-3365775 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: LUIS SEGOVIA

Street Address (P.O. Box Number is Not Acceptable): 1680 MICHIGAN AVE. SUITE: 700

City: MIAMI BEACH FL Zip Code: 33139

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 _____ 10/13/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 (P/CEO) NAME LUIS SEGOVIA STREET ADDRESS 1680 MICHIGAN AVE. SUITE: 700 CITY-ST-ZIP MIAMI BEACH, FL 33139	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE (D) NAME AUGUSTO P. GOMEZ STREET ADDRESS 2566 COCO PLUM BLVD. UNIT 401 CITY-ST-ZIP BOCA RATON, FL 33496	TITLE NAME STREET ADDRESS CITY-ST-ZIP 900024391249 11/03/03-01105-022 **300.00
TITLE (D) NAME ROWLAND HANSON STREET ADDRESS 3002 W. LK SAM. PKWY, NE CITY-ST-ZIP REDMOND, WA 98052	TITLE NAME STREET ADDRESS CITY-ST-ZIP DO NOT WRITE IN THIS SPACE
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CR2E034B (12/02)

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

SIGNATURE: _____ 10/13/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #