## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

GHA UNE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED May 06, 2005 08:00 AM Secretary of State

Daytime Phone #

Date

ANNUAL REPORT					May 06, 2005 08:00			
DOCUMENT # F0400006306					Sec	cretary	of State	
1. Entity Name TRIAD EVENTS & PROMOTIONS, INC.				}				
	,	,		}				
Principal Plac	ce of Business	Mailing Address	- : : :	}	: -			
18350 CHESTERFIELD AIRPORT RD. 18350 CHESTERFIELD AIRPORT CHESTERFIELD, MO 63005 CHESTERFIELD, MO 63005			RT RD.					
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					No Chg-P	CR2E034 (	10/03)	
DO NOT WRITE IN THIS SPACE				4. FE) Numb	er	<del></del>	Applied For	
				20-142			Not Applicable	
·				5. Certificate	of Status Desired		75 Additional Required	
<del></del>	6. Name and Address of Current	Registered Agent		nu		: '		
HYMAN, E	DAVID VERSITY DRIVE #78		DO	NOT W	RITE			
	PRINGS, FL 33065	]						
		· · ·	* * * * * #	ĬĮA I	THIS SF	ACE		
8. The above	named entity submits this statement to	in the purpose of changing its registere	ed office or register	ed agent, or bo	th, in the State of Flo	rida. I am famili	ar with, and accept	
the obligat	tions of registered agent.		* *** * ***	•	No. Y			
SIGNATURE.	Signature, typed or printed name of registered agent	and this if applicable. (NOTE Registered	d Agent signature required	when reinstating)	1.2 . WY, 18 T	DATE		
		9. Election Campaign Finan	ocino.	00				
After M	E NOW!!!  FEE IS \$150.00 ay 1, 2005 Fee will be \$550.	J		00 May Be ed to Fees			•	
10.	OFFICERS AND	DIRECTORS			ere and the second		914 V.	
TITLE NAME	PD HYMAN, DAVID	<u></u>						
STREET ADDRESS	2900 UNIVERSITY DRIVE #78	ł						
CITY-ST-ZIP	CORAL SPRINGS, FL 33065	·-						
TITLE NAME	C KRIMSKY, JOHN F	The state of the s		'= ' = '		0004110		
STREET ADDRESS	280 PARK AVE., 5TH FLOOR EA	05/06/05-80027-014 150.00						
CITY - ST - ZIP	NEW YORK, NY 10017					W	. ເ ເວດະນຸນ	
TITLE NAME	SD SCHARR, JACK B	The second se	[					
STREET ADDRESS	18350 CHESTERFIELD AIRPORT RD.			DO	NOT W	DITE		
CITY - ST - ZIP	CHESTERFIELD, MO 63005							
NAME (		<u></u>		IN 7	THIS SP	ACE		
STREET ADDRESS								
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NAME		•		<u> </u>	7.77			
STREET ADDRESS								
CiTY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	a compression.	] ]	, , ,_,,				
TITLE NAME	· · · · · · · · · · · · · · · · · · ·	C. S. C. Street Control of the Control	-					
STREET ADDRESS							{	
CITY-ST-ZIP								
12. I hereby of indicated	ertify that the information supplied with on this report of supplemental report is poration or the received or trustee empo or on an attackment with an address, w	this filing does not qualify for the exentrue and accurate and that my signal	ription stated in Secure shall have the s	ame legal effec	), Florida Statutes. I l as if made under o	further certify the ath, that I am an	at the information officer or director	
or the corp changed,	poration or the receiver of trustee empo or on an attachment with an address, v	wered to execute this report as require vith all other the empowered.	өц ру Спартег 607.	rionga Statute:	s, anu inai my name	abheata iu Rioc	r in at Block jjil	