

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000006306

FILED  
Jan 14, 2009  
Secretary of State

Entity Name: TRIAD EVENTS & PROMOTIONS, INC.

## Current Principal Place of Business:

825 SE 8TH AVENUE  
SUITE 204  
DEERFIELD BEACH, FL 33441

## New Principal Place of Business:

## Current Mailing Address:

825 SE 8TH AVENUE  
SUITE 204  
DEERFIELD BEACH, FL 33441

## New Mailing Address:

FEI Number: 20-1421185

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HYMAN, DAVID  
825 SE 8TH AVENUE  
SUITE 204  
DEERFIELD BEACH, FL 33441 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: HYMAN, DAVID  
Address: 825 SE 8TH AVENUE, SUITE 204  
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: C ( ) Delete  
Name: HYMAN, JONATHAN E  
Address: 825 SE 8TH AVENUE, SUITE 204  
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: SD ( ) Delete  
Name: SCHARR, JACK B  
Address: 18350 CHESTERFIELD AIRPORT RD.  
City-St-Zip: CHESTERFIELD, MO 63005

Title: T ( ) Delete  
Name: ROBINS, HARVEY  
Address: 825 SE 8TH AVENUE, SUITE 204  
City-St-Zip: DEERFIELD BEACH, FL 33441 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JONATHAN HYMAN

C

01/14/2009

Electronic Signature of Signing Officer or Director

Date