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FILED  
Mar 26 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000005221 (4)**

1. Corporation Name

**TEAM FREEDOM PROMOTIONS, INC.**



Principal Place of Business

**C/O EATIN & MAROULES  
200 E. BROWARD BLVD  
FT LAUDERDALE FL 33301**

Mailing Address

**C/O EATIN & MAROULES  
200 E. BROWARD BLVD  
FT LAUDERDALE FL 33301**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/09/1996**

4. FEI Number

**88-0352823**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 **C/O ENTIN + MARGULES**

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**MARGULES, LEON ESQ  
%ENTIN & MARGULES, PA  
200 E BROWARD BLVD  
FT LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DCP** ☐ DELETE  
NAME **DECUBAS, LUIS**  
STREET ADDRESS **%ENTIN & MARGULES, 200 E BROWARD BLVD**  
CITY-ST-ZIP **FT LAUDERDALE FL 33301**

TITLE **DCV** ☐ DELETE  
NAME **MARGULES, LEON**  
STREET ADDRESS **%ENTIN & MARGULES, 200 E BROWARD BLVD**  
CITY-ST-ZIP **FT LAUDERDALE FL 33301**

TITLE **D** ☐ DELETE  
NAME **HABER, ROGER S**  
STREET ADDRESS **1140 AVE OF THE AMERICAS 5TH FLR**  
CITY-ST-ZIP **NY NY 10036**

TITLE **ST** ☐ DELETE  
NAME **BAILIN, KELLI A**  
STREET ADDRESS **1140 AVE OF THE AMERICAS 5TH FLR**  
CITY-ST-ZIP **NY NY 10036**

TITLE **D** ☐ DELETE  
NAME **HERSHAN, ROBERT**  
STREET ADDRESS **11 N. POND RD.**  
CITY-ST-ZIP **CRESSKILL NJ 07626**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE

*[Handwritten Signature]*

*[Handwritten Signature]*

*[Handwritten Signature]*

CR2E034 (10/97)