FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: GEORGE LETTERIO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

Mar 29, 2001 8:00 am DOCUMENT # F97000002719 **Secretary of State** AD EFX PROMOTIONS, INC. 03-29-2001 90383 038 ***158.75 Principal Place of Business Mailing Address NORTH BUILDING. SUITE 365-A NORTH BUILDING, SUITE 365-A 5600 ROSWELL ROAD 5600 ROSWELL ROAD ATLANTA GA 30342 ATLANTA GA 30342 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 98-0139079 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHUNG, EARHARD Street Address (P.O. Box Number is Not Acceptable) 10968 N.W. 49TH MANOR CORAL SPRINGS FL 33076 Zip Code City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 -10.-Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) PSTD Change ☐ Addition TITLE TITLE ☐ Delete LETTERIO, GEORGE NAME NAME 55 NORTH SPRING GARDEN AVE/NORTH YORK ONT STREET ADDRESS STREET ADDRESS CANADA M2N 361 CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE - Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change TITLE Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.