FILED May 16, 2001 8:00 am Secretary of State **DOCUMENT # H09043** 05-16-2001 90220 014 ***150.00 FORT LAUDERDALE PROMOTIONS, INC. Principal Place of Business Mailing Address 749 SE 15TH ST. P. O. BOX 21443 FT LAUDERDALE FL 33335-1443 FT LAUDERDALE FL 33316 2. Principal Place of Business 3. Mailing Address 1147 SEABREEZE BLVD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2698660 Not Applicable FORT LAUDERDALE, Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent <u>HUBBARD, AL</u> HUBBARD, A. BROOKS treet Address (P.O. Box Number is Not Acceptable) 1147 SEABREEZE BLVD 749 SE 15TH ST. FT. LAUDERDALE FL 33316 FORT LAUDERDALE, ing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the purpose of change 30 APRIL (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. X Change Addition TITLE Delete TITLE NAME HUBBARD, A. BROOKS NAME HUBBARD, AL STREET ADDRESS STREET ADDRESS 1147 SEABREEZE BLVD 749 SE 15TH ST., STE. 7 CITY-ST-ZIP CITY-ST-ZIP <u>FORT LAUDERDALE, FL 33316</u> FT. LAUDERDALE FL TITI F ☐ Delete TITLE Change HUBBARD, AL NAME HUBBARD, A. BROOKS NAME 1147 SEABREEZE BLVD FORT LAUDERDALE, FL STREET ADDRESS STREET ADDRESS 749 SE 15TH ST., STE. 7 CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME CROUSE, ALISON NAME ___ STREET ADDRESS 2129 SOUTHPOINT DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **HUMMELSTOWN PA 17036** TITLE TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME

13. Thereby certify that the information supplied with this filling 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

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

AL HUBBARD / PSTD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR