FILED 2000 UNIFORM BUSINESS REPORT (UBR) Apr 23, 2000 8:00 am Secretary of State DOCUMENT # **J68183** 04-23-2000 90014 048 ***150.00 PRODUCT PROMO, INC. Principal Place of Business Mailing Address 1921 S UNIVERSITY DR 4801 S UNIVERSITY DR #3070 #3070 A3044501 FT LAUDERDALE FL 33328-3845 FT LAUDERDALE FL 33328 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0044819 Not Applicable Zip \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROSS, RICHARD Street Address (P.O. Box Number is Not Acceptable) 4801 \$ UNIVERSITY DR., #3070 FT LAUDERDALE FL 33328 City Zip Code 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) DATE 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, 2000 Fee will be \$550,00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PCD Change Delete ☐ Addition TITLE TITLE ROSS, RICHARD NAME NAME STREET ADDRESS STREET ADDRESS 4801 S UNIVERSITY DR., #3070 CITY-ST-7IP CITY-ST-ZIP FT LAUDERDALE FL 33328 Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition 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-ZIP 13. I hereby certify that the information supplied with indicated on this report or supplemental report of the corporation or the receiver of trustee em-changed or on an attachment with an address ing des not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information had accurate and that my signature shall have the same legal effect as if made under eath; that I am an efficer or director to effect 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 w an address

MED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: