FILED

2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

Mar 29, 2002 8:00 am Secretary of State J70211 **DOCUMENT #** 1. Entity Name 03-29-2002 91428 042 ***150 00 HANK STEINBORN PROMOTIONS, INC. Principal Place of Business Mailing Address 1240 E. NEBRASKA STREET 1240 E. NEBRASKA STREET ORLANDO FL 32803 - /9/7 ORLANDO FL 32803 - 1917 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For 59-2799597 Not Applicable Zin 7in Country 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 STEINBORN, HENRY J. JR. Street Address (P.O. Box Number is Not Acceptable) 1240 E. NEBRASKA STREET ORLANDO FL 32803 Zip Code FL 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 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 11. OFFICERS AND DIRECTORS TITLE TITLE ☐ Change ☐ Addition CR2E034 (9/01 ☐ Delete STEINBORN, HENRY J. JR. NAME NAME STREET ADDRESS 1240 E. NEBRASKA ST. STREET ADDRESS CITY-\$T-ZIP ORLANDO FL CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS it see CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete TITLE ☐ Change 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

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22 March 2002 407 896-9990
Date Daytime Phone #