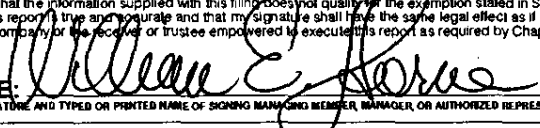


FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90580 030 ****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000016130		
1. Entity Name BOOST PROMOTIONS LLC		
Principal Place of Business 2202 N. WEST SHORE BOULEVARD 4TH FL TAMPA, FL 33607		Mailing Address 2202 N. WEST SHORE BOULEVARD 4TH FL TAMPA, FL 33607
2. Principal Place of Business 1002 Baja De Avilla Suite, Apt. #, etc.		3. Mailing Address 1002 Baja De Avilla Suite, Apt. #, etc.
City & State TAMPA, FL		City & State TAMPA, FL
Zip 32301	Country USA	Zip 32301
4. FEI Number		☒ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent THOMPSON, WILLIAM L JR 2301 PARK AVENUE STE. 404 ORANGE PARK, FL 32073		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when registering.) DATE _____		
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 17 2003		
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP Managing Member William E. Horne 1002 BAJA DE AVILLA TAMPA FL 32301	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(x), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.		
SIGNATURE:  William E. Horne		Date 4-29-03 Daytime Phone # 813-685-9100

CR2E083 (10/02)

30066821