

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jul 17, 2001 08:00 AM****Secretary of State****DOCUMENT # L93495**1. Entity Name  
**MOLNAR VENTURES AND PROMOTIONS, INC.**Principal Place of Business  
8149 BLUESTAR CIRCLE  
ORLANDO FL 32819  
Mailing Address  
P O BOX 690596  
ORLANDO FL 328692. Principal Place of Business  
Suite, Apt. #, etc.  
3. Mailing Address  
8149 BLUESTAR CIRCLE  
Suite, Apt. #, etc.City & State  
ORLANDO FLZip Country  
32819 US4. FEI Number  
**59-3068949**  
Applied For  
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****KIMBERLY A. MOLNAR**  
8149 BLUESTAR CIRCLE

ORLANDO FL 32819 US

**7. Name and Address of New Registered Agent**Name  
**MOLNAR KIMBERLY AP**Street Address (P.O. Box Number is Not Acceptable)  
8149 BLUESTAR CIRCLECity  
ORLANDO FL Zip Code  
32819

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 **KIMBERLY A. MOLNAR**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**07/17/2001**

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees**11. OFFICERS AND DIRECTORS**TITLE P ☐ Delete  
NAME **MOLNAR KIMBERLY A**  
STREET ADDRESS 8149 BLUESTAR CIRCLE  
CITY-ST-ZIP ORLANDO FLTITLE VS ☐ Delete  
NAME **MOLNAR, ROBERT J.**  
STREET ADDRESS 8149 BLUESTAR CIRCLE  
CITY-ST-ZIP ORLANDO FLTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
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.

**SIGNATURE: Kimberly A. Molnar**

P

**07/17/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)