

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Sep 17, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # N00000003416****1. Entity Name**  
PHOENIX RISING PROMOTIONS, INC.**Principal Place of Business**  
410 SANDY HOOK RD  
TRAESURE ISLAND FL 33706**Mailing Address**  
410 SANDY HOOK RD  
TRAESURE ISLAND FL 33706**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

City &amp; State

**4. FEI Number**

Applied For

☒ Not Applicable

Zip Country Zip Country

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**SCHUTZ MISHELE B  
535 CENTRAL AVEST PETERSBURG FL  
33701 US

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.****SIGNATURE** **09/17/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE**FILE NOW:**  
**FEE IS \$61.25****9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees****Make Check Payable to Department of State****10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10****TITLE** D ☐ Delete  
**NAME** HUGHES JOAN  
**STREET ADDRESS** 2857 OAK CREEK LN  
**CITY-ST-ZIP** PALM HARBOR FL 34684**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** VD ☐ Delete  
**NAME** KERSTETTER LORETTA  
**STREET ADDRESS** 12822 OAK CREEK BLVD NE  
**CITY-ST-ZIP** GIG HARBOR WA 34684**TITLE** VD ☒ Change ☐ Addition  
**NAME** KERSTETTER LORETTA  
**STREET ADDRESS** 12822 CANTERWOOD BLVD NW  
**CITY-ST-ZIP** GIG HARBOR WA 98332**TITLE** PD ☐ Delete  
**NAME** RONDOLINO PATTIE  
**STREET ADDRESS** 410 SANDY HOOK RD  
**CITY-ST-ZIP** TRAESURE ISLAND FL 33706**TITLE** PD ☒ Change ☐ Addition  
**NAME** RONDOLINO PATTI  
**STREET ADDRESS** 410 SANDY HOOK RD  
**CITY-ST-ZIP** TRAESURE ISLAND FL 33706**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
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**NAME**  
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**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.****SIGNATURE:** PATTI RONDOLINO PRES 09/17/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)