NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
05-28-2002 91760 009 ***150.00

DOCUMENT # N02000003416

1. Entity Name
PHOENIX RISING PROMOTIONS, INC

DO NOT WRITE IN THIS SPACE

U 13242

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2. Principal Place of Business	3. Mailing Address
410 SANDY HOOK RD	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TREASURE ISLAND, FL	City & State: FLORIDA
Zip: 33706 Country	Zip Country

4. FEI Number: 59-3665201 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Mishele B. Schutz

Street Address (P.O. Box Number is Not Acceptable): 535 CENTRAL AVE

City: ST. PETERSBURG FL Zip Code: 33701

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: Patti Rondolino 5/24/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☒ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT/DIRECTOR
NAME	PATTI RONDOLINO
STREET ADDRESS	410 SANDY HOOK RD
CITY-ST-ZIP	TREASURE ISLAND FL 33706
TITLE	V. PRES./DIR.
NAME	LORETTA KERSTETTER
STREET ADDRESS	13822 CANTERWOOD BLVD NE
CITY-ST-ZIP	GIG HARBOR, WA 98332
TITLE	DIRECTOR
NAME	JOAN HUGHES
STREET ADDRESS	2857 OAK CREEK LANE
CITY-ST-ZIP	PALM HARBOR, FL 34684
TITLE	
NAME	
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12. 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Patti Rondolino Patti Rondolino 5/20/02 727-894-3326
/SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #