2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 AM
Secretary of State

DOCUMENT# N99000002139

Entity Name: TRADE SHOW & PRODUCTION CULTURAL TRAINING CENTER, INC.

Current Principal Place of Business:

9146 BATON ROUGE DR
ORLANDO, FL 32818

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2136
WINDERMERE, FL 34786

New Mailing Address:

FEI Number: 59-3578548 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALLEN, FRANKLIN E
9146 BATON ROUGE DR
ORLANDO, FL 32818 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ALLEN, FRANKLIN E
Address: 9146 BATON ROUGE DR.
City-St-Zip: ORLANDO, FL 32818

Title: VD ( ) Delete
Name: HALSTEAD, JOHN
Address: 2205 LYME BAY DR
City-St-Zip: ORLANDO, FL 32839

Title: SD ( ) Delete
Name: ALLEN, LORRI A
Address: 9146 BATON ROUGE DR
City-St-Zip: ORLANDO, FL 32818

Title: TD ( ) Delete
Name: SIPLIN, TERRY
Address: 7040 TALBOT DR
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANKLIN E. ALLEN PD 05/01/2002

Electronic Signature of Signing Officer or Director Date