2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 10, 2007 8:00 am Secretary of State DOCUMENT # P00000008780 1. Entity Name 04-10-2007 90018 042 ***150 00 GRANT HALL PRESENTS, INC. Principal Place of Business Mailing Address 1361 S OCEAN BLVD 1361 S OCEAN BLVD **SUITE 1005** POMPANO BEACH FL 33062 POMPANO BEACH FL 33062 2. Principal Place of Business - No P.O. Box # \$55 #0/4 wood \$\V\\ Suite, Apt. #, etc. 3. Mailing Address 855 Hollywood Blyd Suito, Apt. #, etc. 1st MOORE CR2E034 (10/06) 4. FEI Number 65-0977851 City & State HollyWool Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired U.S.A Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Grant HALL, GRANT 1361 S OCEAN BLVD Street Address (P.O. Box Number is Not Acceptable) POMPANO BEACH FL 33062 855 Hollywood Blul 8. The above named entity submits this statement for the purpose of changing its registered office or regit tered 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 it applicable. DATE (NOTE Registered Agent signature required when redistating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Change TITLE ☐ Defete шь ☐ Addition HALL, Grant 855 Hollzwood Blud Hullzwood Fl 33019 HALL, GRANT NAME 1361 S OCEAN BLVD, STE 1005 STREET ADORESS STREET ADDRESS POMPANO BEACH FL 33062 CITY-ST-ZIP CITY - ST - ZIP Delete ☐ Addition TITLE PEARSON, LYNNE NAME NAME 1361 S. OCEAN BLVD. - SUITE 1005 STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33062 CHY ST-ZIP CITY- ST- ZIP noilibhA [7] ☐ Delele 11111 ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY ST-ZIP THE ☐ Delete ☐ Change ■ Addition NAME STREET ADDRESS SIREL1 ADDRESS CITY - ST - 7IP CITY ST-7IP HILL Delete ☐ Change Addition STREET ADORESS STREET ADDRESS CITY - ST - ZIP CITY ST ZIP Delete HILE ☐ Change Addition THE NAME NAME STREET ADDRESS STREET ADDRESS CHY ST 7P 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED