2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State
05-10-2001 90208 012 ***150.00

DOCUMENT # P00000070435

1. Entity Name
TECHNOLOGY PROMOTIONS, INC.

Principal Place of Business	Mailing Address
8000 NORTH FEDERAL HWAY BOCA RATON, FL 33487	8000 NORTH FEDERAL HWAY BOCA RATON, FL 33487

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
3224 POST WOODS DR		3224 POST WOODS DR	
Suite, Apt. #, etc. SUITE H		Suite, Apt. #, etc. SUITE H	
City & State ATLANTA, GA		City & State ATLANTA, GA	
Zip 30339	Country COBB	Zip 30339	Country COBB

4. FEI Number 65-0988759 ☐ Applied For ☐ Not Applicable

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
SEAN KING 8000 NORTH FEDERAL HWAY BOCA RATON, FL 33487	Name SHELLEY GOLDSTEIN Street Address (P.O. Box Number is Not Acceptable) 22154 MARTELLA AVE City BOCA RATON FL Zip Code 33433

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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) X

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME SEAN KING STREET ADDRESS 8000 NORTH FEDERAL HWAY CITY-ST-ZIP BOCA RATON, FL 33487	☐ Delete	TITLE P/V/D NAME SEAN KING STREET ADDRESS 3224 POST WOODS DR SUITE H CITY-ST-ZIP ATLANTA, GA 30339	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] SEAN P. KING 4/2/01 678-571-5550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

MAR 31 2001 03:42