

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

DOCUMENT # P00000047456

1. Entity Name
ROCK SOLID PROMOTIONS INCORPORATED

84

05-10-2001 90184 039 ***150.00

Principal Place of Business
745 NE 10TH AVE.
GAINESVILLE FL 32601

Mailing Address
745 NE 10TH AVE.
GAINESVILLE FL 32601

2. Principal Place of Business
4434 NW 19 AVE
 Suite, Apt. #, etc.

3. Mailing Address
4434 NW 19 AVE
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
GAINESVILLE, FL

City & State
GAINESVILLE, FL

4. FEI Number
59-3643894

Applied For
 Not Applicable

Zip
32605 Country
USA

Zip
32605 Country
USA

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

WALKER, BRIAN
745 NE 10TH AVE.
GAINESVILLE FL 32601

Name
BRIAN WALKER
 Street Address (P.O. Box Number is Not Acceptable)
4434 NW 19 AVE

City
GAINESVILLE FL Zip Code
32605

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

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

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
P Delete
 NAME
WALKER, BRIAN
 STREET ADDRESS
745 NE 10TH AVE.
 CITY-ST-ZIP
GAINESVILLE FL 32601

TITLE
PRESIDENT Change Addition
 NAME
BRIAN WALKER
 STREET ADDRESS
4434 NW 19 AVE
 CITY-ST-ZIP
GAINESVILLE, FL 32605

TITLE
V Delete
 NAME
WALKER, TRACY
 STREET ADDRESS
745 NE 10TH AVE.
 CITY-ST-ZIP
GAINESVILLE FL 32601

TITLE
VICE PRESIDENT Change Addition
 NAME
TRACY WALKER
 STREET ADDRESS
4434 NW 19 AVE
 CITY-ST-ZIP
GAINESVILLE, FL 32605

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

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

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: Brian Walker **BRIAN WALKER** 4-25-01 (352) 271-6751
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)