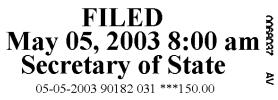
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Entity Name ROCK SOLID PROMOTIONS INCORPORATED							
rincipal Place of Business	Mailing Address						
1434 NW 19 AVE	4434 NW 19 AVE						
GAINESVILLE FL 32605	GAINESVILLE FL 32605						



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Principal Place of Business 4434 NW 19 AVE GAINESVILLE FL 32605			4434	Mailing Address 4434 NW 19 AVE GAINESVILLE FL 32605						
Principal Place of Business 3. Mailing Address										
Suite, Apt. #, etc. Suite, Apt. #, etc.						CHECK HERE IF MAKING	CHANGES	3		
City & State			City	City & State			4. !	FEI Number 59-3643894		pplied For ot Applicable
Zip		Country	Zip		Coun	itry	5. (Certificate of Status Desired	\$8.75 Ad	ditional
1 m 1 2	6 Name	and Address of Currer	t Registere	d Agent			7 1	Name and Address of New Registered	Agent	
	0. 114110	and Address of Garter	it riegistere	o rigotii		Name		Harris and Addicas of Horr Hogistates	- Igoin	
WALKER, 4434 NW		- North Mark					s (P.O. B	Box Number is Not Acceptable)		
	LLE FL 326	05								
	<u> </u>			· .		City		, FL	Zip Coc	de
SIGNATURE .	ILE NOW!!	or printed hame of registered age		olicable. (NOTI	E: Registere	d Agent signature requir	red when re	einstating) DATE 9. Election Campaign Financing	\$5.0	00 May Be
	-	3 Fee will be \$550.00 Florida Department						_		d to Fees
10.		OFFICERS AN	D DIRECTO	RS	11.		AD	DDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	IS IN 11
TITLE NAME STREET ADDRESS CHY-ST-ZIP	P Walker, 4434 NW Gainesvi			☐ Delete					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WALKER, 4434 NW	TRACY		☐ Delete					Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	مي ۾ جي پهڪ	The manager of the second of t		□ Delete		i			Change	- Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete					Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	anaida, at		AL AL: 00	□ Delete			5-22	149.07/2V/). Florida Chairta a Liurtha an	Change	Addition

release 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 a full under 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.

SIGNATURE:

352-256-8564