2002 UNIFORM BUSINESS REPORT (UBR)

May 14, 2002 8:00 amg Secretary of State DOCUMENT # P00000071727 1. Entity Name 05-14-2002 90336 013 ***150.00 O'TOWN PROMOTIONS, INC. Principal Place of Business Mailing Address 5971 BRICK COURT 5971 BRICK COURT DUTUTOO7 300 WINTER PARK FL 32792 WINTER PARK FL 32792 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3659623 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCCARTHY, TODD Street Address (P.O. Box Number is Not Acceptable) 1331 QUEEN ELAIN DRIVE CASSELBERRY FL 32707 Zip Code 8. The above named entity submit this statement of the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE le if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing (équirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See critéria on back) Added to Fees Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MCCARTHY, TODD NAME STREET ADDRESS 1331 QUEEN ELAIN DRIVE STREET ADDRESS CITY-ST-ZIE CASSELBERRY FL 32707 CITY-ST-ZIP TITLE PD Delete TITLE Change ☐ Addition NAME MALLOY, STEVE NAME STREET ADDRESS 4225 SUNNYBROOK WAY STREET ADDRESS CITY-ST-ZIP WINTER SPRINGS FL 32708 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME BERTIZLIAN, CARLOS NAME STREET ADDRESS STREET ADDRESS 4466 HARBOUR LIGHTS CT CITY-ST-ZIP CITY-ST-ZIP orlando fl 32817 Delete TITLE TITLE -- Change -- Addition -NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address

FILED