2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Feb 12, 2004 8:00 am DOCUMENT # P00000094242 **Secretary of State** 1. Entity Name 02-12-2004 90030 019 ***150.00 JS PROMOTIONS, INC. Principal Place of Business Mailing Address 685 ASHFORD OAKS DR., APT. #101 685 ASHFORD OAKS DR., APT. #101 ALTAMOTE SPRINGS FL 32714 ALTAMOTE SPRINGS FL 32714 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. te. Apt. #, etc CR2E034 (11/03) 4. FEI Number Applied For 59-3718510 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 70 C Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SLACK, JEANNE 685 ASHFORD OAKS DR., APT. #101 ALTAMOTE SPRINGS FL 32714 Zip Code 32703 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. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change ☐ Addition anne Slac SLACK, JEANNE NAME NAME 13 Attleboro Place STREET ADDRESS 685 ASHFORD OAKS DR #101 STREET ADDRESS CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 CITY-ST-ZIP VΡ TITLE ☐ Delete TITLE Change ■ Addition NAME MORRISON, JONI NAME STREET ADDRESS 1323 RAVIDA STREET STREET ADDRESS CITY-ST-7IP ORLANDO FL 32825 CITY-ST-ZIP ☐ Defete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78P CITY-ST-ZIP 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 TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED