FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91762 047 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000117057

1. Entity Name

ROBINSON EXPOSITIONS INC.

DO NOT WRITE IN THIS SPACE

JU1283U3

2. Principal Place of Business	3. Mailing Address
17670 HERON LANE	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FORT MYERS, FL	City & State
Zip: 33908 Country: USA	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1064442 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CALVIN-A-ROBINSON

Street Address (P.O. Box Number is Not Acceptable): 17670 HERON LANE

City: FORT MYERS FL Zip Code: 33908

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.

SIGNATURE _____

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

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PV
NAME	CALVIN A ROBINSON
STREET ADDRESS	17670 HERON LANE
CITY - ST - ZIP	FORT MYERS, FL 33908
TITLE	TS
NAME	DEBORAH J ROBINSON
STREET ADDRESS	17670 HERON LANE
CITY - ST - ZIP	FORT MYERS, FL 33908
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Deborah J Robinson 5/1/03 239-415-794

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Calvin A. Robinson 5-1-03

STF FL32981F.1