FILED
Apr 11, 2003 8:00 am
Secretary of State
04-11-2003 90169 002 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

00077149

DOCUMENT # P01000004867

1. Entity Name
KNOCKOUT PROMOTIONS, INC.

Principal Place of Business	Mailing Address
5599 N W 44TH WAY COCONUT CREEK, FL 33073	5599 N W 44TH WAY COCONUT CREEK, FL 33073

2. Principal Place of Business	3. Mailing Address
13711 Callington Dr	13711 Callington Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Wellington, FL	City & State: Wellington, FL
Zip: 33414 Country: USA	Zip: 33414 Country: USA

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1069227 ☐ Applied For ☐ Not Applicable

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
LYNN, DAVID 5599 N W 44TH WAY COCONUT CREEK, FL 33073	Name Street Address (P.O. Box Number Is Not Acceptable) 13711 Callington Dr. City Wellington FL Zip Code 33414

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

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYNN, DAVID 5599 N W 44TH WAY COCONUT CREEK, FL 33073	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	13711 Callington Dr. Wellington, FL 33414	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ______________________ 4/8/03 5615421418
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #