FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90181 027 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000008477

1. Entity Name
EVENTMASTERS, INC.

Principal Place of Business	Mailing Address
4500 NE 35 STREET 28 OCALA, FL 34479	PO BOX 1828 SILVER SPRINGS, FL 34488

11010123

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
4500 NE 35th Street	PO BOX 1828
Suite, Apt. #, etc.: Unit 28	Suite, Apt. #, etc.
City & State: Ocala, FL	City & State: Silver Springs, FL
Zip: 34479 Country: USA	Zip: 34488 Country

4. FEI Number — ☒ 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
MASON, MICHAEL C 4500 NE 35TH STREET STE 28 OCALA, FL 34479	Name: mason, michael C. Street Address (P.O. Box Number Is Not Acceptable): 4500 NE 35th Street Ste 28 City: Ocala FL Zip Code: 34479

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] Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE: April 22 2003

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	CEO MASON, MICHAEL C P.O BOX 1828 SILVER SPRINGS, FL 34488	☐ 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: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — April 22nd 2003 (Date) — 352-236-1970 (Daytime Phone #)