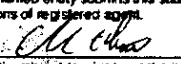
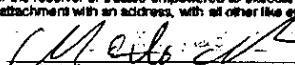


FILED
Apr 23, 2003 8:00 am
Secretary of State

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 4500 NE 35 STREET 28 OCALA, FL 34479		Mailing Address PO BOX 1828 SILVER SPRINGS, FL 34488
2. Principal Place of Business 4500 NE 35th street Suite, Apt. #, etc. Unit 28 City & State Ocala, FL Zip 34479 Country USA		3. Mailing Address PO Box 1828 Suite, Apt. #, etc. City & State Silver Springs, FL Zip 34488 Country USA
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 MASON, MICHAEL C 4500 NE 35TH STREET STE 28 OCALA, FL 34479		7. Name and Address of New Registered Agent 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  DATE APR 22 2003 (NOTE: Registered Agent Signature required when electing agent.)		
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		
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:  DATE APR 29 2003 352-336-1970 SIGNATURE AND TYPES OR PRINTED NAMES OF SIGNING OFFICER OR DIRECTOR		

CP2034 (10/02)