DOCUM 1. Entity Name	ENT#	P010	SINESS RE 00010549)			FIL	E()			28 ***550 (0549
TURNER PR	OMOTIONS	S CORPORA	TION	,		12 S	EP 18	AH 10: 3	D.		
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Principal Place of	Business		Mailing Address				VHASSEF	OF STATE FLORIDA			
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	00		RIVERVIEW FL 3356	68							
Principal Place	of Business		3. Mailing Address	<u> </u>			11111111111				i Haran dan beranda
Suite, Apt. #, etc	Hwy 301	<u>S</u>	Suite, Apt. #, etc.					08(0) ((8) BB()) 08	iil el iii ogie) i	en sant	
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<u> </u>	Countr	5A	Zip	Cour	ntry	5. Cer	tificate of St	atus Desired	7	8.75	Not Applica Additional
		ress of Current F	Registered Agent							an Da	injueq Voringuai
furner, betty m 3928 Eagle Watch dr Averview fl 33569		ř	ĺ	7. Name and Address of New Register					Polif		
					Street Address	et Address (P.O. Box Number is Not Acceptable)					
_					City						
he above named te obligations of t	entity submits th	his statement for t	the annual control						FL	Zip C	ode
	Cuisiered agant		vie purpose of changing) its registere	d office or registe	rod ages					
14 JOHE			the purpose of changing) its registere	d office or registe	ered agent,	or both, in th	ne State of Flori	da. I em fan	niliar w	ith, and accep
Signature,	typed or printed nume	of registered agent and						ne State of Flori		ılliar w	ith, and accep
Signature, This corporation is ax filing requirem	typed or printed nume	of registered agent and	d title if applicable. (N	NOTE: Registered	Agent signature require	d when reinstati	ng)		DATE	niliar w	th, and accep
Signature,	eligible to satisf ent and elects to ck)	of registered agent and by its Intangible odo so.	FILE NOV After September Make Check Pay	WIII FEE I	Agent signature require	d when reinsteri	ng)	ne State of Flori campaign Finan d Contribution.	DATE	\$5	OO May Ro
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