## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED Jun 12, 2002 8:00 am P01000013337 DOCUMENT # **Secretary of State** 1. Entity Name PROMOTIONAL EXPOSURE, INC. 06-12-2002 90239 002 \*\*\*150.00 Principal Place of Business Mailing Address 6955 N.W. 77TH AVENUE 6955 N.W. 77TH AVENUE 660000 SUITE 407 SUITE 407 MIAMI FL 33166 MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State FEI Number Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MOSER-LAURENCE E-Street Address (P.O. Box Number is Not Acceptable) 6955 N.W. 77TH AVENUE - -SUITE 407 MIAMI FL 33166 Zip Code 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE CR2E034 (9/01) ☐ Addition MOSER, LAURENCE E NAME NAME STREET ADDRESS 6955 N.W. 77TH AVENUE #407 STREET ADDRESS CITY-ST-7IP MIAMI FL 33166 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE - Change --- Addition-NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. Thereby 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 11 or Block 12 if

SIGNATURE: 🗴

( Attachment ) HHachment 368899 To Whom it May #PO1000013337 6/10/02 Enclosed is my Uniform Business Report. I trealine it cà late but I have just the corporated Jon the first time and did not roolige the time sensitive nature a of the document. In addition, . I had a charge of an address and was not receiving my forwarded mail in a timely fashion. O Spoke with a representative at the Division of Corporations on Tune 10th, and she said to unte this letter of explanations and send in a check for the \$150 amount thank you for your consideration,