## FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 29, 2002 8:00 am Secretary of State DOCUMENT # P01000055448 1. Entity Name SANDMAN PROMOTIONS, INC. 05-29-2002 90707 008 \*\*\*150 00 Principal Place of Business Mailing Address 3777 NW 46 ST. 3777 NW 46 ST. B0121543 MIAMI FL 33142 **MIAMI FL 33142** 2. Principal Place of Business 3. Mailing Address 2202 N. 42ND Ave. 2202 42ND Are Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Hollywood Hollywood 36-4446564 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 33021 33021 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Steven J. SANDS SANDS, STEVEN J Street Address (P.O. Box Number is Not Acceptable) 293 BRIDGETON WAY WESTON FL 33326 N. 42ND Are. 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. 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 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ■ Delete TITLE Addition SANKS, STEVEN S. SANDS, STEVEN J NAME NAME 2202 N. 42NO AVE STREET ADDRESS 293 BRIDGETON WAY STREET ADDRESS CITY-ST-ZIP WESTON FL 33326 Hollywood, Fl. 33021 CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE 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 Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #