2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2004 8:00 am Secretary of State

561-369-8339

	AIIIIOAL	IVE! OIV!			- Secretary of State
DOCUMENT # P01000092661 1. Entity Name TSX PROMOTIONS INC				04-26-2004 90450 037 ***158.75	
Principal Place	a of Rusinass	Mailing Address			T*
•					•
6992 LISMO		6992 LISMORE DRIVE			
BOANTON BE	EACH, FL 33437	BOYNTON BEACH, FL 33437			
					à la ances i hi deset (let) a anti esti gent esti esti nella itara ella cilia iliabet i dese
Principal Place of Business 3. Mailing Address					.
6992	LISMORE AVE	6992 LISMONS AVE		pve	•
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			01282004 Chg-P CR2E034 (10/03)
City & State		City & State	0.		4. FEI Number Applied For
BOYN	TON BEACH FL	BOYNTON	() EA	C4, F6	- 65-1141847 Not Applicable
Zip	Country	Zip	Counti	ry	5. Certificate of Status Desired \$8.75 Additional
334	37	33437			Fee Required
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Registered Agent
				Name	
KAPUSTEIN, WALTER P					
6992 LISMORE DRIVE Street Address (P.O.					ess (P.O. Box Number is Not Acceptable) 2 LISMORE AVE
BOYNTON	I BEACH, FL 33437		6442		2 CITMORE AVE
			ļ		
	À		-	City	Zip Code
	<u></u>			Oit,	FL Zip Code
		r the purpose of changing it	s registere	d office or regi	istered agent, or both, in the State of Florida. I am familiar with, and accept
	ions of registered agent.	,			
	: *				
SIGNATURE	Signature, typed or printed name of registered agent of	and title if anoticeble (NO	TE: Beautaged	Acont signatura soc	guired when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
9. Election Campaign Financing \$5.00 May Be					
	E NOW!!! FEE IS \$150.00				\$5.00 May Be Added to Fees
Arter Mi	ay 1, 20 0 4 Fee will be \$550.0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	MIDGUOII.	_	74450 10 1 000
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE .	PD · · ·	☐ Delete	TITLE		Change Addition
NAME	KAPUSTEIN, IRIS		NAME	, <u>}</u> .	, -
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·			T ADDRESS 6	992 LISMONE AVE
CITY-ST-ZIP				ST-ZIP	
					
TITLE	STD	☐ Delete	TITLE	ŀ	□ Addition □ Addition
NAME	KAPUSTEIN, WALTER P		NAME		0 0 1 1 1 0 1 0 A 5 AVS
STREET ADDRESS	6992 LISMORE DRIVE		STREE	T ADDRESS 6	,992 LISMONE AVE
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		CITY-	ST-ZIP	
TITLE		☐ Delete	TITLE	Q	Change Addition
- NAME -			_ NAME		AD I THE IN APPLITUAL TO THE
STREET ADDRESS	1		- 1	TADDRESS	CAMBER LANG
CITY-ST-ZIP				ST-ZIP B	CAMOSH LANG 10 YHTOH BEACH, FL 33426
T(T) 5	· · · · · · · · · · · · · · · · · · ·				
TITLE NAME		☐ Delete	TITLE	. 1.7	OWARD S. KAPUSTEIN Q25 FORT TRAIL N.E.
STREET ADDRESS			NAME	TADDRESS 3	ACCEPTEDIL M.E.
CITY-ST-ZIP			1	ST-ZIP R	DIWELL CA 30075
				<u>_</u>	
TITLE		☐ Delete	TITLE	Q	Change Scholdition
NAME	7-100 C 1		NAME	K	IM BORT TRAIL N. 5.
STREET ADDRESS			•	TADDRESS 3	924
CITY-ST-ZIP			CITY-	ST-ZIP R	IMBERLY KAPUSTEIN Change MAddition Q25 FORT TRAIL N. E. LOSWELL, GA 30075
TITLE		☐ Delete	TITLE		. Change Addition
NAME			NAME		white . A standard and the standard and
STREET ADDRESS	·			T ADDRESS	
CITY-ST-ZIP				ST-ZIP	
12. I hereby certify that the information supplied with this filling 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					

WALTER P KAPUSTER