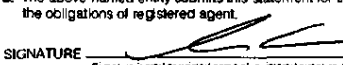
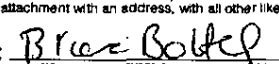


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000028908																											
1. Entity Name REUNION EVENTS, INC.																											
Principal Place of Business 914 COLLIER ROAD #3001 ATLANTA, GA 30318		Mailing Address 914 COLLIER ROAD #3001 ATLANTA, GA 30318																									
2. Principal Place of Business 7850 Fanchholm Drive Suite, Apt. #, etc.		3. Mailing Address 7850 Fanchholm Drive Suite, Apt. #, etc.																									
City & State Los Angeles, CA		City & State Los Angeles, CA																									
Zip 90046		Country USA																									
4. FCI Number A-D065294		Applied For Not Applicable																									
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent ABRAMSON, SUZAN A 111 N. ORANGE AVENUE SUITE 900 ORLANDO, FL 32801		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 5/16/03 (NOTE: Registered Agent Signature required when submitting)																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		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																									
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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:  Brian C. Bottorff		6/16/03 323 708 2411																									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #																									

CR2E034 (10/02)

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