
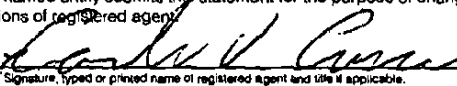



**FILED**  
**Jun 09, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91905 033 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT #</b> P02000110993			
<b>1. Entity Name</b> FANTASY PROMOTIONS, INC.			
<b>Principal Place of Business</b> 3397 CARAMBOLA CIRCLE SOUTH COCONUT CREEK FL 33066		<b>Mailing Address</b> 3397 CARAMBOLA CIRCLE SOUTH COCONUT CREEK FL 33066	
<b>2. Principal Place of Business</b> 4611 S. University Dr. Suite, Apt. #, etc. #123 City & State DAVIE FL. Zip 33328 Country United States		<b>3. Mailing Address</b> 4611 S. University Dr. Suite, Apt. #, etc. #123 City & State DAVIE, Florida Zip 33328 Country United States	
		<input checked="" type="checkbox"/> CHECK HERE IF MAKING CHANGES	
		<b>4. FEI Number</b> 020648120	
		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b> SPEIGEL & UTRERA, P.A. 1840 SOUTHWEST 22 STREET 4TH FLOOR MIAMI FL 33145		<b>7. Name and Address of New Registered Agent</b> Name: Carlos Cusco Street Address (P.O. Box Number is Not Acceptable): 7521 McKinley St. City: Hollywood FL Zip Code: 33024	
<b>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.</b> SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE: _____			
<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		<b>9. Election Campaign Financing</b> <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution. <input type="checkbox"/>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE: PTD NAME: CENNO, ANTHONY STREET ADDRESS: 3397 CARAMBOLA CIRCLE SOUTH CITY-ST-ZIP: COCONUT CREEK FL 33066 <input checked="" type="checkbox"/> Delete	TITLE: PTD NAME: CUSCO, CARLOS STREET ADDRESS: 4611 S. UNIVERSITY DR. #123 CITY-ST-ZIP: DAVIE, FLORIDA 33328 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE: VSD NAME: CUSCO, FRANK STREET ADDRESS: 3397 CARAMBOLA CIRCLE SOUTH CITY-ST-ZIP: COCONUT CREEK FL 33066 <input checked="" type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>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.</b>			
<b>SIGNATURE:</b> 		4-29-03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (10/02)