FILED
Jun 21, 2004 8:00 am
Secretary of State
05-07-2004 90132 047 ***150.00

5/7

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P04000027869

1. Entity Name
Prestige Promotion and Management INC

66428706 [redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4001 SW 32ND BLVD	4001 SW 32ND BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hollywood Florida	City & State: Hollywood Florida
Zip: 33023 Country: United State	Zip: 33023 Country: U.S.A

4. FEI Number: 65-0923016[illegible] ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: DONOVAN TODD

Street Address (P.O. Box Number is Not Acceptable):
4001 SW 32ND BLVD

City: Hollywood FL Zip Code: 33023

6. 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: [signature] 06-16-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

As of: January 1 - May 1st Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE	PD
NAME	DONOVAN Todd
STREET ADDRESS	4001 SW 32ND BLVD
CITY-ST-ZIP	Hollywood, FL 33023
TITLE	
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 04/22/04 [illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #