2008 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 07, 2008 8:00 am Secretary of State DOCUMENT # P07000098632 03-07-2008 90044 035 ***150.00 PREMIUM IMPRESSIONS, INC. Principal Place of Business Mailing Address 5945 RAVENSWOOD ROAD SUITE I-2 FORT LAUDERDALE FL 33312 5945 RAVENSWOOD ROAD SUITE I-2 FORT LAUDERDALE FL 33312 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State 4. FEI Number Applied For City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BENBASAT, STEVEN 3020 W LAKE VISTA CIRCLE Street Address (P.O. Box Number is Not Acceptable) DAVIE FL 33328 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, typed or printed name of registered agent and title 1 applicable. (NOTE Registered Agent eigneture required when reinstating) FILE NOWI!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DPT TITLE ☐ Delete TITLE Change ☐ Addition WANTMAN, GREG NAME NAME 3767 SARATOGA LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **DAVIE FL 33328** CITY-ST-ZIP **DVPS** TITLE ☐ Delete ☐ Chargoe Addition TITLE NAME BENBASAT, STEVEN NAME STREET ADDRESS 3020 W LAKE VISTA CIRCLE STREET ADDRESS CITY-ST-ZIP DAVIE FL 33328 CITY-ST-ZIP TITLE ☐ Delete HILE ☐ Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 truster empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 of the corporation or the receiver or truste if changed, or on an attachment with an ddress, with all other like empowered SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Davisne Phone

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