2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000007248

FILED
Mar 03, 2000 8:00 am
Secretary of State
03-03-2000 90042 006 ***150.00

1. Entity Name

SUN PROMOTIONS U.S., INC.

Principal Place of Business	Mailing Address
207 CLUB DRIVE - PGA PALM BEACH GARDENS FL 33418 US	% CRAIG KAHLE 2735 EMBASSY DR W PALM BEACH FL 33401-1018 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	777 South Flagler Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.: Suite 650 East
City & State	City & State: West Palm Beach Florida
Zip / Country	Zip: 33401 / Country: United States

4. FEI Number 65-0381538 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KAHLE, CRAIG U 2735 EMBASSY DRIVE WEST PALM BEACH FL 33401	Name: Street Address (P.O. Box Number is Not Acceptable): 777 South Flagler Drive Suite 650 East City: West Palm Beach FL Zip Code: 33401

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.

SIGNATURE [signature] Craig U. Kahle February 11, 2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD RASSMANN, JURGEN 207 CLUB DRIVE-PGA PALM BEACH GARDENS FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Rassmann, Jurgen 2.17.2000 561-622-2777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #