FILED

2002 UNIFORM BUSINESS REPORT (UBR)				()	Feb 14, 2002 8:00 am	
DOCUMENT # P93000073604 IN-STORE PROMOTIONS, INC.					Secretary of State 02-14-2002 90032 033 ***150.00	
Principal Place of Business 4710 EISENHOWER BOULEVARD STE F2 TAMPA FL 33634 Mailing Address 4710 EISENHOWER BOULEVARD TAMPA FL 33634			ARD STE F2		E 1000/1000 1/2 14100 1/1/1 001/1 001/1 001/1 001/1 100/2 1/1/0 01/1 001/1 001/1 001/1 001/1 001/1	
2. Principal F 6302 Suite, Apt. 408	3. Mailing Address 6302 Benjer Sujte, Apt. #, etc.	min Roa	DO NOT WRITE IN THIS SPACE			
City & Stat	. 🔽 1	City & State	=	4.	FEI Number S9-3254015 Applied For Not Applicable	
3363	Country	Zip	Country USA	5.	Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name and Address of Current Re			7. [Name and Address of New Registered Agent	
CORPORA 1201 HAY TALLAHAS		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.						
SIGNATULE 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!!! After May 1, 2002 Make Check Payable			•	of State	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. □ Added to Fees	
11.	OFFICERS AND DI	RECTORS	12.	ΑC	DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Delete GREEN, LEWIS G 4710 EISENHOWER BOULEVARD STE F2 TAMPA FL 33634			NAME STREET ADDRESS 6302 Benjamink, Suite 408 CITY-ST-ZIP Tampa FL 3363 V		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GORDON, JULIE M 4710 EISENHOWER BOULEVARD S TAMPA FL 33634	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Van	02 Benjamin Pd, ste 408 Addition ipa FL 33634	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	- Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	

13. I hereby certify that the information supplied with this filling 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 applicass, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR