

DOCUMENT # P94000082142
Entity Name
PROMOSPORT ENTERPRISES, INC.

FILED
Jun 06, 2000 8:00 am
Secretary of State
06-06-2000 90484 013 ***150.00

Principal Place of Business Mailing Address
24761 US Hwy 19 N Ste 630 24761 US Hwy 19 N Ste 630
CLEARWATER, FL 33763 CLEARWATER, FL 33763

Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Zip Country Zip Country

4. FEI Number
59-3278788
Applied For
Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SCOURAS, Louis C.
24761 US Hwy 19 N Ste 630
CLEARWATER, FL 33763

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	
LE ME REET ADDRESS Y-ST-ZIP	<input type="checkbox"/> Delete ELLIOT, ROGER 24761 US Hwy 19 N Ste 630 CLEARWATER, FL 33763
LE ME REET ADDRESS Y-ST-ZIP	<input type="checkbox"/> Delete
LE ME REET ADDRESS Y-ST-ZIP	<input type="checkbox"/> Delete
LE ME REET ADDRESS Y-ST-ZIP	<input type="checkbox"/> Delete
LE ME REET ADDRESS Y-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: ROGER ELLIOT, Pres. X 4-28-00 727-443-0709
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)