


FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90308 040 ***150.00

DOCUMENT # P95000069932

1. Entity Name
WIZARD PROMOTIONS, INC.





Principal Place of Business	Mailing Address
1240 18TH AVE. NO.	1240 18TH AVE. NO.
LAKE WORTH FL 33460	LAKE WORTH FL 33460

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State _____ City & State _____

Zip	Country	Zip	Country
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4. FEI Number	65-0608053	Applied For
		Not Applicable

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

6. Name and Address of Current Registered Agent7. Name and Address of New Registered Agent

KNUDSEN, VERN J
 1240 18TH AVE. NO.
 LAKE WORTH FL 33460

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<div> <div>FL</div> <div>Zip Code</div> </div>

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 _____

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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[illegible][illegible]

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

SIGNATURE: Dean F. Kruse SIGNATURE REQUIRED

4/21/03

✓61-585-6034

Date _____ Daytime Phone # _____

CR2E034 (10/02)