

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90470 043 \*\*\*150.00

DOCUMENT # P96000014643 ✓  
1. Entity Name  
Innovative Marketing & Promotions Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
600 Misty Meadow Dr.  
Suite, Apt. #, etc.

3. Mailing Address  
PO BOX 3005  
Suite, Apt. #, etc.

**DO NOT WRITE IN THIS SPACE**

City & State  
Boynton Bch FL

City & State  
Boynton Bch FL

Zip  
33436 Country  
US

Zip  
33424 Country  
US

4. FEI Number  
65-0655807

Applied For  
 Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
Melani Henkle

Street Address (P.O. Box Number is Not Acceptable)  
600 Misty Meadow Dr.

City  
Boynton Bch FL Zip Code  
33436

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 Melani Henkle DATE 4/7/02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Pres. Melani Henkle 600 misty meadow Dr. Boynton Bch FL 33436</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Melani Henkle DATE 4/7/02 DAYTIME PHONE # (561) 641-5953  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)