2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) P97000040655 DOCUMENT # 1. Entity Name RCK CELEBRATION, INC.

FILED	2
May 02, 2003 8:00 am	2711
Secretary of State	71

05-02-2003 90125 020 ***150.00

				WE T				
Principal Place of Business 7380 SAND LAKE ROAD SUITE 120 ORLANDO FL 32819		Mailing Address 7380 SAND LAKE ROAD SUITE 120 ORLANDO FL 32819	,					
2. Principal f	Place of Business	3. Mailing Address						
Suite, Apt. #, etc. Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES			
City & Sta	ite	City & State	City & State		4. FEI Number 59-3446993		<u> </u>	pplied For
Zip Country Zip		Zip	Country		5. Certificate of Status Desired		\$8.75 Ac	Iditional
	6. Name and Address of Cu	rrent Registered Agent			7. Name and Address of New Re	aistered /	agent	
CT CORP	ORATION SYSTEMS			Name	(P.O. Box Number is Not Acceptable)	3 ,0.0.00		
•	JTH PINE ISLAND ROAD ION FL 33324			Sireet Address	(P.O. Box Number is Not Acceptable)		77. 7.4	
\				City		FL	Zip Cod	le
B.\ The above the obligation	e named entity submits this statem tions of registered agent.	nent for the purpose of changing its	registered	office or registe	ered agent, or both, in the State of Flori	da. I am f	amiliar with	and accept
SIGNATURE	Signature, typed or printed name of registered	d agent and title if applicable. (NOTE	E: Registered A	gent signature require	ed when reinstating)	DATE		
Afte	FILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$55 k Payable to Florida Departme	0.00	•	-	9. Election Campaign Fina Trust Fund Contribution.			00 May Be d to Fees
10.	OFFICERS	AND DIRECTORS	11.		ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	S IN 11
TITLE	DPT	☐ Delete	TITLE			-	☐ Change	☐ Addition
NAME STREET ADDRESS* CITY-ST-ZIP	KESSLER, RICHARD C 7380 SAND LAKE ROAD SU ORLANDO FL 32819	ITE 120	NAME STREET	ADDRESS			_ ,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS DANTZLER, DAY B 7380 SAND LAKE ROAD ST ORLANDO FL 32819	☐ Delete	TITLE NAME	ADDRESS	, 19,40		Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS FOLTZ, JOSEPH B	☐ Delete 750	TITLE NAME STREET,	ADDRESS - ZIP			Change	Addition
TITLE NAME		☐ Delete	TITLE NAME				Change	Addition
STREET ADDRESS			CITY-ST	ADDRESS				-
TITLE NAME STREET ADDRESS CITY+ST-ZIP		☐ Delete	TITLE NAME STREET	1			☐ Change	☐ Addition
TITLE	;	☐ Delete	CITY-ST TITLE NAME	- ZIP			☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP			STREET A				•	

12. I hereby certify that the infirmation 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #