2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 25, 2001 8:00 am Secretary of State DOCUMENT # P97000043925 1. Entity Name EVENTS, MARKETING & SEMINARS, INC. 04-25-2001 90165 033 ***150.00 Principal Place of Business Mailing Address 143 OLD MEADOW WAY 143 OLD MEADOW WAY PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL 33418 Principal Place of Business 3. Mailing Address 9930 J. E. Bettonwood way Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0770663 o questa Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 3346 9 W)ac Fee Required <u>mortin</u> 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCHULZ, GRETA greet Address (P.O. Box Nymber is Not Acceptable) 143 OLD MEADOW WAY PALM BEACH GARDENS FL 33418 8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. SIGNATURE Signature, typec (NOTE: Registered Agent signature required when reinstating FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to co so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete TITLE Change Addition TITLE 5 anne SCHULZ, GRETA MAME NAME 9930 S.C. Buttonwood way Tequesta , Fl 33469 STREET ADDRESS 143-OLD-MEADOW-WAY-STREET ADDRESS CITY-ST-7IP CITY-ST-7IP PALM BEACH GARDENS FL 33418 ☐ Change TITLE Defete TITLE ☐ Addition NAME NAME STREET ADDRESS OTRCEF ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 of 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

第15.01

Date Daytime Phone #

CR2E034 (10/0